ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name (address of a party).  CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name (address of a party).  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address to the detailed instructions in terms 6 and/or 6b.  ADD name Complete term 7a	NAME & PHONE OF (Mary Egan (860)) SEND ACKNOWLEDGE First Pione	MENT TO: (Name and Address) er Farm Credit, ACA	IDMENT				
INTIAL FINANCING STATEMENT FILE #  16594 (dated 2/08/02)  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes late ochecking of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions   DELETE name: Give record name   DAD name: Complete items 7a-7g (if applicable).  TURRENT RECORD INFORMATION:  CHANGE name and/or address. Please refer to the detailed instructions   DELETE name: Give record name   DAD name: Complete items 7a-7g (if applicable).  TURRENT RECORD INFORMATION:  CHANGE NINCOLOR STATEMENT NAME   MIDDLE NAME   SUFFIX    This FINANCING STATEMENT AME   MIDDLE NAME   SUFFIX    This FINANCING STATEMENT AME   MIDDLE NAME   SUFFIX    SUFFIX   STATE   POSTAL CODE   COUNT   CO							
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