UCC FINANCING STATEMENT AMENDMEN	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] UCC DEPARTMENT 1-888-427-8713			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
JOHN DEERE CREDIT	<u> </u>		
6400 NW 86TH STREET	"		
P.O. BOX 6630			
JOHNSTON, IA 50131			
1			
<u> </u>			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP	PACE IS FOR FILING OFFICE USE 1b. This FINANCING STATEMENT	
FILE NBR: 711989 DATE: 05/01/2000		to be filed [for record] (or record	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of the		n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about	ove with respect to security interest(s) of the Secure	ed Party authorizing this Continuation Sta	tement is
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and AMENDMENT (PARTY INFORMATION): This Amendment affects		-	
Also check one of the following three boxes and provide appropriate information in		one of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE riame: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, also complete items 7e-7g (if applica	and also item 7c;
6. CURRENT RECORD INFORMATION:		alab ser ipieco itelito i e-i g (irappiica	ole).
6a. ORGANIZATION'S NAME			
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CARLSON	CARL G		
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	СіТҮ	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION			
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigned		
-	_		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of assignor, if this is an Assignm	ent) If this is an Amendment authorized b	z a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	i by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	a nentri Mulcu
9a. ORGANIZATION'S NAME	- Washington	And the property of the second	
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDDI E NASE	SUFFIX
The state of the s	I INOT NAIME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
IO. OF HONAL FILER REFERENCE DATA			