OLCO FINANCING STATEMENT AMENDMENT OLLOW 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	VT		
6400 NW 86TH STREET P.O. BOX 6630 JOHNSTON, IA 50131			
L  3. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	SPACE IS FOR FILING OFFICE L	
FILE NBR: 200401373400 DATE: 07/09/2004		to be filed [for record] (or re	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified ab			
continued for the additional period provided by applicable law.	ove with respect to security intelest(s) of the Sect	area carry audionizing this Continuation	i Otatement IS
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			
AMENDMENT (PARTY INFORMATION): This Amendment affects D D Also check one of the following three boxes and provide appropriate information in	ebtor <u>or</u> Secured Party of record. Check onl items 6 and/or 7.	y <u>one</u> 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 name: Give record name ADD name: Complete item 7a or 7b, and all to be, deleted in item 6a or 6b. also complete items 7e-7q (if applicable)		or 7b, and also item ? plicable)
CURRENT RECORD INFORMATION:  [6a ORGANIZATION'S NAME]			
JACAVONE CONSTRUCTION CORP.			
66 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a ORGANIZATION'S NAME			
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
15. HOVEOCHOT WANTE	THOTIVALE	MIDDLE IVAINE	30/11/
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
SEE INSTRUCTIONS ADD'L INFO RE 76 TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	
ORGANIZATION  DEBTOR  1	ALTERISDICTION OF ORGANIZATION	Tg. ORGANIZA HONAL ID #, II a	y □1
	<u> </u>	<u> </u>	
AMENDMENT (COLLATERAL CHANGE): check only one box.	eral description, or describe collateral assign	ed.	
Describe collateral deleted or added, or give entire restated collate			
Describe collateral deleted or added, or give entire restated collate		nment). If this is an Amendment authori DEBTOR authorizing this Amendment.	zed by a Debtor w
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS An adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	d by a Debtor, check here and enter name of D		zed by a Debtor w
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize ORGANIZATION'S NAME  JOHN DEERE CONSTRUCTION & FORESTRY  BIOLOGICAL ST NAME	d by a Debtor, check here and enter name of D		zed by a Debtor w