## STATE OF OREGON

STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS, ETC. REAL PROPERTY - FORM UCC-3A

## THIS FORM FOR COUNTY FILING USE ONLY

			County Filing Office	er Use Only			
This STATEMENT is pres	sented to the county filing off	icer pursuant to th					
1A. Debtor Name(s): Peter M. Bourdet, same person as Pete Bourdet  1B. Debtor Mailing Address(es): PO Box 803 Chiloquin, OR 97624		2A. Secured Party Name(s): Northwest Farm Credit Services, ACA  2B. Address of Secured Party from which security information is obtainable: PO Box 148 Klamath Falls, OR 97601			AA. Assignee of Secured Party (if any):     AB. Address of Assignee:		
TERMINATION The Secured Party no longer claims a security interest under the financing statement bearing the file number above.							
☐ ASSIGNMENT  XXX CONTINUATION	financing statement bearing The original financing state	to the Assignee whose name and address is shown, Secured Party's rights under the the file number shown above in the following property. (Describe below) need bearing the file number shown above is still effective. sective only if submitted within six months prior to expiration date.					
☐ RELEASE ☐ AMENDMENT	From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following: (describe below). Choose one: Release of all collateral Partial Release RELEASE DOES NOT TERMINATE DEBT.  Financing statement bearing file number shown above is amended as described below:						
Debtor hereby authorizes the financing statement under Control of the financing statement under Control of the first state	he Secured Party to record a ca PRS Chapter 79.	Wort	west Farm	Credit	Russ Services	or security agr	eement as a
1. PLEASE TYPE THIS	FORM.		UCTIONS	alfed Signatu	re(s)		<del></del>
2. If the space provided	for any item(s) on this form to be presented to the cou	is inadequate, the	e item(s) should b	e continu	ed on additional sheets	s. Only one co	ppy of such
3. This form (UCC-3A) s	should be recorded with the lend the Original to the count	county filing offic	ers who record re	eal estate	mortgages. This form		ed with the
4. After the recording pr	rocess is completed the cour	nty filing officer wi	I return the docur	ment to th	e party indicated.		
	E must accompany the docuncing statement has been pro		5 per page.				
Return to:	(name and address)			-			
PO BOX	EDIT SERVICES 148 FALLS, OR 97601		Rec	cording p	arty contact name: Rec	gina Robe	htson
	N: COUNTY OF KLAM	ATTI	Rec	cording p	arty telephone number:	884-6476	<del></del>
Filed for record at re		Credit			at	3rd	
of <u>April</u>	A.D., 19 <u>96</u>	at 1:02	o'clock	P N on Page	f., and duly recorded 9383		6
FEE \$5.00	A Section of the sect	estable de suprementation de la companya del companya del companya de la companya	Ву	2	Bernetha G. Letsch,	, County Cle	
					$\mathcal{S}$		