

State of Oregon, County of Klamath  
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 Linda Smith, County Clerk  
 Fee \$ 21.00 # of Pgs 1

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER (optional)**

Rowena A. Chase (541) 883-6924 Ext. 108

**B. SEND ACKNOWLEDGEMENT TO: (Name and Address)**

USDA/Farm Service Agency  
 2316 South Sixth Street  
 Suite C  
 Klamath Falls, OR 97601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1a. INITIAL FINANCING STATEMENT FILE #**

M89, Page 13230

Date Filed: 7/18/89

**1b. This FINANCING STATEMENT AMENDMENT is**  
☒ to be filed [for record] (or record) in the  
**REAL ESTATE RECORDS.**

**2. ☐ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

**3. ☒ CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

**4. ☐ 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.

**5. 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 item 6 and/or 7.

☐ **CHANGE name and/or address:** Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

☐ **DELETE name:** Give record name to be deleted in item 6a or 6b.

☐ **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME****OR 6b. INDIVIDUAL'S LAST NAME**

GRIEB

**FIRST NAME**

DUANE

**MIDDLE NAME**

C

**SUFFIX****7. CHANGED (NEW) OR ADDED INFORMATION:****7a. ORGANIZATION'S NAME****OR 7b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****7c. MAILING ADDRESS**

6061 O'CONNOR ROAD

**CITY**

KLAMATH FALLS

**STATE**

OR

**POSTAL CODE**

97603

**COUNTRY**

USA

**7d.**

ADDL. INFO RE  
 ORGANIZATION  
 DEBTOR

**7e. TYPE OF ORGANIZATION****7f. JURISDICTION OF ORGANIZATION****7g. ORGANIZATIONAL ID #, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

**9a. ORGANIZATION'S NAME**

USA acting through FARM SERVICE AGENCY by:

Rowena A. Chase

**OR 9b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****10. OPTIONAL FILER REFERENCE DATA**