

04 MAY 26 AM 9:41

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State of Oregon, County of Klamath  
Recorded 05/26/2004 9:41 m  
Vol M04 Pg 33490  
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 #**  
M99, Page 37449

**Date Filed:** 9/21/1999

**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** FIRST NAME MIDDLE NAME SUFFIX  
Cacka David A

**7. CHANGED (NEW) OR ADDED INFORMATION:**

**7a. ORGANIZATION'S NAME**

**OR**

**7b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

**7c. MAILING ADDRESS** CITY STATE POSTAL CODE COUNTRY  
PO Box 125 Malin OR 97632 USA

**7d.** ADD'L 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 *Rowena A. Chase*

**OR**

**9b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

**10. OPTIONAL FILER REFERENCE DATA**

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