

State of Oregon, County of Klamath
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Linda Smith, County Clerk
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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 97603	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # M99, page 26560		Date Filed: 7/2/99		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 8.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only <u>one</u> 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	
Harnsberger		Wilbur		C	
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	
9833 Springlake Road		Klamath Falls		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 <u>one</u> 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

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