

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

1. NAME & PHONE OF CONTACT AT FILER (optional) Rowena A. Chase (541) 883-6924 Ext. 108
2. SEND ACKNOWLEDGEMENT TO: (Name and Address) USDA Farm Service Agency 2316 So 6th Street, Suite C Klamath Falls, OR 97601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

3. INITIAL FINANCING STATEMENT FILE # M83, Page 9194		Orig. Date Filed: 6/13/1983		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or record) in the REAL ESTATE RECORDS. ☒	
4. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
5. ☐ 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.					
6. ☐ 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.					
7. 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).	
8. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S LAST NAME Vieira		FIRST NAME Edwin		MIDDLE NAME K	SUFFIX
9. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS Star Route Box 6		CITY Beatty		STATE OR	POSTAL CODE 97621
7d. TYPE OF ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any ☐ NONE	
10. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral: ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.					

11. 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

United States of America acting through Farm Service Agency

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12. OPTIONAL FILER REFERENCE DATA

USDA/Farm Service Agency by: ROWENA A. CHASE

Rowena A. Chase

404 FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 8/02)

Returned @ Counter

Vicki Swindler