2009-004543

Klamath County, Oregon	
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			0006348	00063487200900045430010016			
			03/31/2009	02:09:42	PM	Fee: \$21.00	
	C FINANCING STATEMENT AMENDME	NT	<u> </u>				
	OW INSTRUCTIONS (front and back) CAREFULLY AME & PHONE OF CONTACT AT FILER [optional]						
	wena A. Chase (541) 883-6924 (108)						
8. S	END ACKNOWLEDGEMENT TO: (Name and Address)						
	USDA/Farm Service Agency						
	2316 South 6th Street					•	
	Suite C						
	Klamath Falls, OR 97601						
	Klamati I ans, OK 77001						
	<u></u>		THE ABOVE SPA	CE IS FOR	R FILING OFFICE USE	ONLY	
a. II	NITIAL FINANCING STATEMENT FILE #		1b.		ANCING STATEMENT		
00	6275		✓		d [for record] (or record STATE RECORDS.) in the	
2. •	/ TERMINATION: Effectiveness of the Financing Statement identified	above is terminate	d with respect to security interest(s) of the	e Secured Pa	arty authorizing this Termin	nation Statement.	
3.	CONTINUATION: Effectiveness of the Financing Statement identifie						
	for the additional period provided by applicable law.						
<u>. </u>	ASSIGNMENT: (full or partial): Give name of assignee in item 7a or MENDMENT (PARTY INFORMATION): This Amendment affects	7b and address of	assignee in item 7c; and also give name	of assignor in	n item 9.		
2. Al Al	MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate information	on in item 6 and/or	7.	, <u>viie</u> 01 (11)	and boxes.		
Γ	CHANGE name and/or address: Give current record name in item 6a or	r 6b; also give new	DELETE name: Give record na		DD name: Complete item		
. (1	name (if name change) in item 7a or 7b and/or new address (if address chang URRENT RECORD INFORMATION:	ge) in item 7c.	to be deleted in item 6a or 6b.	. /6	c; also complete items 7d-7g	(if applicable)	
	6a ORGANIZATION'S NAME						
or	6b, INDIVIDUAL'S LAST NAME	TEIDST	NAME	MIDDLE	NAME	SUFFIX	
JA	RANDALL	ROBE		LOU			
'. CI	HANGED (NEW) OR ADDED INFORMATION:					·	
	7a. ORGANIZATION'S NAME						
DR	7b. INDIVIDUAL'S LAST NAME	FIRST	NAME	MIDDLE	NAME	SUFFIX	
				CTATE	TROOTAL CODE	COUNTRY	
	MAILING ADDRESS 59 GERBER ROAD	CITY	ANZA	OR	97623	USA	
7d.	ADD'L. INFO RE 7e. TYPE OF ORGANIZA		RISDICTION OF ORGANIZATION		SANIZATIONAL ID #, if		
J	ORGANIZATION DEBTOR					☐ NONE	
. Al	MENDMENT (COLLATERAL CHANGE): check only one box.				·		
D	escribe collateral deleted or added, or give entire restated col	llateral description,	or describe collateral [] assigned.				
						4	
. NI	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (n:	me of assignor, if this is an Assignment). If the	his is an Ame	ndment authorized by a debto	or which adds	
coll	ateral or adds the authorizing Debtor, or if this is a Termination authorized by a De	btor, check here	and enter name of DEBTOR authorizing th	is Amendmen	t		
	9a ORGANIZATION'S NAME USDA/Farm Service Agency by: ROWF		()		A	han	
OR			NAME	MIDDLE	NAME	SUFFIX	
	SE HADINDONE O ENOT TO THE		·- <i>I</i>				
	9b. INDIVIDUAL'S LAST NAME				NAME	SUFF	