2010-003753 Klamath County, Oregon

000	1111 081	801	201	0000	 375	111 I 300:	 1001	Ϋ́	H	!! ! !	

	,	000818012010000375300100	
	\	3/26/2010 01:46:17 PM	Fee: \$37.00
UCC FINANCING STATEMENT AMENUT FOLLOW INSTRUCTIONS (front and back) CAREFULLY)MENT		<u> </u>
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Rowena A. Chase (541) 883-6924 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
[· ¬1		
USDA/Farm Service Agency 2316 South 6th Street	l l		
Suite C			
Klamath Falls, OR 97601			
	1		
<u>. </u>	THE A	BOVE SPACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE # Vol. M00, Page 18207 Orig	g. Filed Date: 05/19/2000	1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security in		
3. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to security interest(s) of	the Secured Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; and als	so give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect		record. Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate inf CHANGE name and/or address: Give current record name in ite name (if name change) in item 7a or 7b and/or new address (if a	m 6a or 6b; also give new DELETE name: G		
CURRENT RECORD INFORMATION:			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME Richard	MIDDLE NAME V	SUFFIX
Rajnus CHANGED (NEW) OR ADDED INFORMATION:	Kichard	V	
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			GGITTA
7c. MAILING ADDRESS 29387 Demerritt Road	MALIN	STATE POSTAL CODE	COUNTRY
7d. ADD'L INFO RE 7a. TYPE OF ORGAN	i	OR 97632 ATION 7g. ORGANIZATIONAL ID #, I	USA
ORGANIZATION DEBTOR		,,,,	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe	restated collateral description, or describe		
collateral deleted or added, or give entire	collateral	assigned.	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING T adds collateral or adds the authorizing Debtor, or if this is a Termination; 	C and a	n Assignment). If this is an Amendment authorized enter name of DEBTOR authorizing this	d by a Debtor which
9a. ORGANIZATION'S NAME	Amer	ndment.	00
USA acting thru FARM SERVICE AC	GENCY BY: ROWENA A. C	CHASE, PT Coneut	
I STANDED SAUT MANY	LING! INMINE	IVELULUE INAIVE	SUFFIX
0. OPTIONAL FILER REFERENCE DATA			