

2011-004052

Klamath County, Oregon



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03/28/2011 01:31:28 PM

Fee: \$42.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Rowena A. Chase (541) 883-6924

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, FARM SERVICE AGENCY  
2316 SOUTH 6TH STREET  
SUITE C  
KLAMATH FALLS, OR 97601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

M06-12273

DATE FILED: 06/15/2006

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) 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 ☐ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 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<br>MITCHELL | FIRST NAME<br>JAMES | MIDDLE NAME<br>F | SUFFIX<br>JR |
|---|---------------------|------------------|--------------|

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

7a. ORGANIZATION'S NAME

|                               |            |             |        |
|-------------------------------|------------|-------------|--------|
| OR 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-------------------------------|------------|-------------|--------|

|   |                       |             |                      |                |
|---|-----------------------|-------------|----------------------|----------------|
| 7c. MAILING ADDRESS<br>14610 MATNEY WAY | CITY<br>KLAMATH FALLS | STATE<br>OR | POSTAL CODE<br>97603 | COUNTRY<br>USA |
|---|-----------------------|-------------|----------------------|----------------|

|                                       |                          |                                  |  |
|---------------------------------------|--------------------------|----------------------------------|--|
| 7d. ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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 thru FARM SERVICE AGENCY BY: ROWENA A. CHASE, PT

|                               |            |             |        |
|-------------------------------|------------|-------------|--------|
| OR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-------------------------------|------------|-------------|--------|

10. **OPTIONAL FILER REFERENCE DATA**