2014-000091 Klamath County, Oregon



FOLLOW INSTRUCTIONS	01/07/2014 0	9:17:01 AM	Fee: \$47.00
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 264538 - FARM	CREDIT		
CT Lien Solutions 4125621 P.O. Box 29071 Glendale, CA 91209-9071 OROR	\neg I		
FIXTUR	E		
File with: Klamath, OR	THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2009-004022 3/20/2009 CC OR Klamath	1b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMENT is to be filed	[for record]
2. TERMINATION: Effectiveness of the Financing Statement identified above is ter Statement			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9 and also indicate affected collab.		ssignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law	n respect to the security interest(s) of Secured	Party authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: AND Check one of the		ne: Complete itemDELETE nan	ne: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6	6b; <u>and</u> item 7a or 7b <u>and</u> item 7c 7a or 7b,		in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - prov a. ORGANIZATION'S NAME	ride only <u>one</u> name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	RST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
1	ason	P.	00112
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change	provide only one name (7a or 7b) (use exact, full name; o	to not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S SURNAME			·····
ID. INDIVIDUAL S SURVAME			
INDIVIDUAL'S FIRST PERSONAL NAME		· · ·	
INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)	11817		SUFFIX
7c. MAILING ADDRESS CIT	Y	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD coll	lateral DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
Debtor Name and Address: Nash, Jason P P.O. Box 5179 , Paso Robles, CA 93447			
Secured Party Name and Address: Farm Credit West, FLCA - 19268 Industry Parkway Drive , Bakersfield,	CA 93308		
,,,,,,,,,,,,			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND If this is an Amendment authorized by a DEBTOR, check here and provide name	MENT: Provide only one name (9a or 9b) (no	ame of Assignor, if this is an Assign	ment)
9a ORGANIZATION'S NAME	<u>-</u>	,	
Farm Credit West, FLCA			
9b. INDIVIDUAL'S SURNAME FIR	ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

8313458

Nash

41256216

LICC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS	.552.15	5			
11.1	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	ment form				
200	9-004022 3/20/2009 CC OR Klamath					
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form						
	128. ORGANIZATION'S NAME					
٠	Farm Credit West, FLCA					
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX				
				THE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of	record require	d for indexing	purposes only in som	e filing offices - see Instruction it	em 13): Provide only
	one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab	breviate any p	art of the Debti	or's name); see Instri	uctions if name does not fit	
	13a. ORGANIZATION'S NAME					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSO	NIAL NIALIE		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Nash	Jason	INAL NAME	•	P.	1301712
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				I	
14.	ADDITIONAL SPACE FOR THEM 6 (Collateral).					
					*	
	1-12-					
15.	This FINANCING STATEMENT AMENDMENT:		17. Descript	ion of real estate:		
		s a fixture filinç	<u></u>			
	Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):					
			1			
			1			
_				Fabr. 1/1	North COACAST	
18	MISCELLANEOUS: 41256216-OR-35 264538 - FARM CREDIT WEST-TEM Farm C	JENJII YVESI, ELLA	١	File with: Klamath, OR	Nash 8313458	