## 2014-002526 Klamath County, Oregon

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A NAME & PHONE OF CONTACT AT FILER (optional) ROWENS A. Chase (541) 883-6924  B. E-MAIL CONTACT AT FILER (optional)  FOWENS CHASE (DITER (optional))  FOWENS CHASE (OF LUST A SERVICE AGENCY  2316 S 6th Street  Suite C  Klamath Falls, OR 97601  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE NUMBER  VOL M94, Page 16726  This FINANCING STATEMENT AMENDMENT is to be flied (for record) (or in the RRAL ESTATE RECORDS  Fiver allegt, Amendment Addendum (Form UCCSAd) and provide Debtor's name  2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement is on the additional pend provided by applicable law  This Change affects  ASSIGNMENT (full or partial): Provide name of Assignee in Item 7s or 7b, and address of Assignee in Item 7c and name of Assignor in Item 9  For partial assignment, complete litems 7 and 9	: \$42.00 _
B. E-MAIL CONTACT AT FILER (optional)  rowena.chase@or.usda.gov  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  USDA/Farm Service Agency 2316 S 6th Street Suite C Klamath Falls, OR 97601  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE NUMBER  VOL M94, Page 16726  2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement is or the additional penod provided by applicable law  5. PARTY INFORMATION CHANGE: Check and of these two boxes  AND Check and of these two boxes Change affects  Debtor or Secured Party of Record  DELETE name. Give re To be deleted in item 7a or 7b, and item 7a or 7b	
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6 CLIPPENT RECORD INFORMATION: Complete for Party Information Change – provide only one pame (6a or 6b)	
CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (sa or 66)     ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFF	x
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provide only <u>one</u> name (7a or 7b) (use exact. full name, do not omit, modify, or abbreviate any part of the De Ta. ORGANIZATION'S NAME	:btor's name)
OR 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PÉRSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUN	TRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN of Indicate collateral:	:ollateral
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR  9a. ORGANIZATION'S NAME  LINUTED CTATES OF AMEDICA poting through FARM SERVICE ACENCY	
UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY  OR 96. INDIVIDUAL'S SURNAME ADDITIONAL NAME (S)/INITIAL(S) SUFFE	
	X
10. OPTIONAL FILER REFERENCE DATA:	X