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2014-005960 Klamath County, Oregon

00154251201400059600010015 UCC FINANCING STATEMENT AMENDMENT 06/05/2014 01:22:45 PM Fee: \$42.00 **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) (541) 883-6924 (108) Rowena A. Chase B. E-MAIL CONTACT AT FILER (optional) rowena.chase@or.usda.gov C. 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 This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 Vol. M99, Page 24320 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner in Item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes CHANGE name and/or address: Complete ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name Item 6a or 6b; and item 7a or 7b and item 7c Secured Party of Record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) OR 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provide only one name (7a or 7b) (use exact, full name; do not bmit, modify, or abbreviate any part of the Debtor's name; ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY 7c. MAILING ADDRESS CITY ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 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 UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY By: CHRIS J. KIRBY FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) OR 9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA:

RICHARD J. WALSH

404 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (Rev. 06/13)