

2014-007351

Klamath County, Oregon



00155999201400073510030033

07/14/2014 02:32:34 PM

Fee: \$57.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & 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 #

2010-012759

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 or ☐ 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**

SMITH

FIRST NAME

KEVIN

MIDDLE NAME

BRADLEY

SUFFIX**7. CHANGED (NEW) OR ADDED INFORMATION:****7a. ORGANIZATION'S NAME**

UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY

OR 7b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****7c. MAILING ADDRESS**

2316 South 6th Street, Suite C

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

7d. ADD'L INFO RE ORGANIZATION DEBTOR**7e. TYPE OF ORGANIZATION****7f. JURISDICTION OF ORGANIZATION****7g. ORGANIZATIONAL ID #, if any**☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral



deleted or



added, or give entire



restated collateral description, or describe collateral



assigned.

This financing statement covers the following collateral including but not limited to:

- a) Wheel Line, Western, 5/8 1/8 mi., 2004, SN: 04-242/202-04/200-04; Wheel line, Western 5/8 1/4 mi., 2004, SN: 223-04/195-04; Motor, Baldor, 30hp, SN: Z0409020088; Pump, Cornell, 3WB-CC, SN: 136519 plus any additions or replacements thereto.
b) PROCEEDS of collateral are also covered;
c) Disposition of such collateral is NOT hereby authorized.

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**UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY BY: ROWENA A. CHASE *R Chase***OR 9b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****10. OPTIONAL FILER REFERENCE DATA**

Ref: 2010-012759; 2011-000773

404 FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 3/10)

To re-record to satisfy FLPPA finding describing specific fixtures

UTC 88885-KR

2010-012759

Klamath County, Oregon

00092367201000127590010019

11/01/2010 10:38:42 AM

Fee: \$37.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

Rowena A. Chase (541) 883-6924 Ext. 108

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA/Farm Service Agency
2316 South 6th Street
Suite C
Klamath Falls, OR 97601

2011-000773

Klamath County, Oregon



00095697201100007730030031

01/21/2011 11:27:16 AM

Fee: \$47.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | | |
|---|-------------------------------------|--|---------------------------------|----------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME SMITH | | FIRST NAME KEVIN | MIDDLE NAME BRADLEY | SUFFIX |
| 1c. MAILING ADDRESS 21740 NORTH MALIN ROAD | | | CITY MALIN | STATE OR | POSTAL CODE 97632 |
| 1d. SEE INSTRUCTIONS | | | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | |
| ADD'L INFO RE ORGANIZATION DEBTOR | | | 1g. ORGANIZATIONAL ID #, if any | | |
| | | | <input type="checkbox"/> NONE | | |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | | |
|-----------------------------------|----------------------------|--|---------------------------------|----------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE |
| 2d. SEE INSTRUCTIONS | | | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | |
| ADD'L INFO RE ORGANIZATION DEBTOR | | | 2g. ORGANIZATIONAL ID #, if any | | |
| | | | <input type="checkbox"/> NONE | | |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | | |
|--|----------------------------|--|-----------------------|-------------|----------------------|
| 3a. ORGANIZATION'S NAME UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS 2316 SOUTH 6TH STREET, STE C | | | CITY KLAMATH FALLS | STATE OR | POSTAL CODE 97601 |
| | | | COUNTRY USA | | |

4. This FINANCING STATEMENT covers the following collateral:

- a. All crops, livestock, farm products, equipment, certificates of title, goods, supplies, inventory, accounts, deposit accounts, supporting obligations, contract rights, payment intangibles, general intangibles, investment property, gross receipts, equities, revolving funds, crop insurance indemnity payments, and all entitlements, benefits, and payments from all State and Federal farm programs.
- b. Complete irrigation equipment, machinery and farm equipment (wheel lines, pump, and motor, stock trailer, baler); and
- c. All proceeds, products, accessions, and security acquired hereafter.

Disposition of such collateral is NOT hereby authorized.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAI-LOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. See instruction Debtor(s)

8. OPTIONAL FILER REFERENCE DATA

Farm Service Agency (FSA) by: Rowena A. Chase

47 Amt

UTC 88885-KR

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | |
|-------------------------|-------------------------------------|---|
| 9a. ORGANIZATION'S NAME | | |
| OR | 9b. INDIVIDUAL'S LAST NAME SMITH | FIRST NAME KEVIN MIDDLE NAME, SUFFIX BRADLEY |

10. MISCELLANEOUS:

TO RERECORD AND TO ADD LEGAL DESCRIPTION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | | | |
|--------------------------|---|---------------------------|-----------------------------------|-------------|--|
| 11a. ORGANIZATION'S NAME | | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 11c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE COUNTRY |
| 11d. SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | | 11g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE |

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | | | |
|--------------------------|-----------------------------|--|------------|-------------|------------------------|
| 12a. ORGANIZATION'S NAME | | | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 12c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE COUNTRY |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

The S 1/2 NW 1/4 of Section 10, Township 41 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Public-Finance Transaction -- effective 30 years

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