
## 2015-003001 Klamath County, Oregon

00167298201500030010010016	

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	04/02/2015 03:17:21 PM Fee: \$42.00
A NAME & PHONE OF CONTACT AT FILER (optional) BRITTNEY ONSTOTT 541-278-8049 X2	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
EARL OFFICE ACENCY	7 <b>l</b>
FARM SERVICE AGENCY 1 SW NYE AVE., SUITE 100	
PENDLETON, OR. 97801	
	, <b>i</b>
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2013-008824	ted with respect to the security interest(s) of Secured Party authorizing this Termination Statement.
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above is termine</li> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. and address</li> </ol>	
For partial assignment, complete items 7 and 9 and also indicate affected collateral in ite	m 8  bect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for
the additional period provided by applicable law	section in secondly intercation of economic raily detailed and grant of the second
5. PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these t	
This Change affects Debtor or Secured Party of Record Litem 6a or 6b; and	nd/or address: Complete ADD name: Complete item DELETE name: Give record name tem 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provided 6a ORGANIZATION'S NAME	e only <u>one</u> name (6a or 6b)
OR 6b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change  7a. ORGANIZATION'S NAME	provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:  ADD collateral:	eral DELETE collateral RESTATE covered collateral ASSIGN collateral
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only  9.	rone 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 a	
UNITED STATES OF AMERICA ACTING TH	
OR 9b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	