UCC FINANCING STATEMENT AMENDMENT

2016-002915 Klamath County, Oregon

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00183985201600029150010012

03/18/2016 12:53:08 PM

Fee: \$42.00

FOLLOW INSTRUCTIONS	03/	18/2016 12:53:08	PM	Fee: \$42.00				
A. NAME & PHONE OF CONTACT AT FILER (optional) Rowena A. Chase (541) 883-6924 Ext. 108	<u> </u>	<u> </u>						
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								
Marilati i alis, OK 91001								
└	THE ABO	OVE SPACE IS FOR	FILING OFFICE US	ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER			IDMENT is to be filed [for	record] (or recorded)				
2011-006485		STATE RECORDS nendment Addendum (Fon	m UCC3Ad) <u>and</u> provide De	ebtor's name in item 13				
2. TERMINATION: Effectiveness of the Financing Statement identified above								
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, g For partial assignment, complete items 7 and 9 and also indicate affected colla	and address of Assignee in item 7c and na							
CONTINUATION: Effectiveness of the Financing Statement identified above		Secured Party authorizi	an this Continuation Stat	amont is continued for				
the additional period provided by applicable law	e with respect to the security interest(s) of		ng this Continuation State	ement is continued for				
5. PARTY INFORMATION CHANGE:								
	of these three boxes to: E name and/or address: Complete	ADD name: Complete	item DELETE na	me: Give record name				
This Change affects	r 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	7a or 7b, and item 7c		in item 6a or 6b				
CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	e – provide only <u>one</u> name (6a or 6b)							
G. G. G. HE HOLE HOLE								
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
ON OB. INDIVIDUAL S SURVIVINE	FIRST FERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat 7a. ORGANIZATION'S NAME	ion Change – provide only one name (7a or 7b) (u	se exact, full name; do not o	mit, modify, or abbreviate any	part of the Debtor's name)				
. S. C. MILL WILL STREET								
OR 7b. INDIVIDUAL'S SURNAME								
The state of the s								
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
8. COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:	DD collateral DELETE collatera	RESTATE co	overed collateral	ASSIGN collateral				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Pro	ovide only one name (9a or 9b) (name of A	Assignor, if this is an Ass	ignment)					
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 the		ICE AGEN	CY by:					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX				
10. OPTIONAL FILER REFERENCE DATA:				<u>, </u>				
Kliewer, Tyrel and Brooke								
404 FILING OFFICE CORY - LICC FINANCING STATEMENT AMENDMENT	(EORM UCC2) (Par. 06/12)	****						