

2016-008486

Klamath County, Oregon



00190718201600084860010017

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

08/11/2016 08:40:16 AM

Fee: \$42.00

A. NAME & PHONE OF CONTACT AT FILER (optional)

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

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

2011-012074

1b.



This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☒ **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

5. PARTY INFORMATION CHANGE:

Check one of these two boxes

AND Check one of these three boxes to:

This Change affects



Debtor or



Secured Party of Record



CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c



ADD name: Complete item 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 – provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME

ROELLE

FIRST PERSONAL NAME

LOUIS

ADDITIONAL NAME(S)/INITIAL(S)

LANE

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

7c. MAILING ADDRESS

12020 SPRING LAKE ROAD

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

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

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

USDA/FSA BY: ROWENA A. CHASE, PT

Rowena A. Chase