

2018-004507

Klamath County, Oregon

04/13/2018 12:37:01 PM

Fee: \$72.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1452 98152 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath)	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2008-013472 09/30/2008

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 13

2. ☒ 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 8

4. ☐ 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 Knoll Ranch LLC				
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 - 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)				
SUFFIX				

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

1-2008 ZIMMATIC Z TECH CENTER PIVOT: 7-10 TOWERS. S/N: LA3260.

The above described personal property is leased pursuant to the terms of that certain Lease Agreement dated 09/09/2008 between Lessor and Lessee. This financing statement is filed for precautionary purposes only. Lessor and Lessee regard this agreement to be a true lease and not a lease intended as security.

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 FARM CREDIT LEASING SERVICES CORPORATION				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 001-0014749-000 - NO Debtor:Knoll Ranch LLC-001-0014749-000

1452 98152

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
2008-013472 09/30/2008

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

FARM CREDIT LEASING SERVICES CORPORATION

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17

(if Debtor does not have a record interest):

Grant Knoll

17. Description of real estate:

Portion of the W 1/2 Tax 600 U2 (171.60 Acres) Sec 12
Twp 39 Rg 10 Parcel # 888681 in Klamath County OR.

18. MISCELLANEOUS:



600 Highway 169 South, Suite 300
Minneapolis, MN 55426

Severance Agreement

Contract Number 001-0014749-000
Application Number 12064
Lease Agreement Date September 09, 2008

Dated as of: September 10, 2008

WHEREAS, the undersigned hold certain interests in the below described real property ("Property") and the Lessee has entered into that certain Lease Agreement dated as specified above ("Lease") with Lessor as described herein ("Lessor") for the lease of certain structures and/or equipment located on the Property described below or in the appropriate Exhibit A ("Equipment"), a copy of which is attached. NOW THEREFORE, in consideration of the mutual benefits to be derived by the parties hereto from the making of such Lease, the undersigned parties ("Parties") hereby agree to the terms contained below and on the reverse side.

Furthermore, Lessee represents and warrants to the Lessor that the information contained herein is true and complete, and except as described herein, no other person or entity has any interest in the below described Property. Lessee understands and agrees the Lessor is relying on the information contained herein in providing lease financing to the Lessee. Lessee shall indemnify and hold Lessor harmless from all losses, liabilities, damages, costs and expenses, including attorneys' fees, incurred by Lessor arising out of the breach of the representations and warranties contained herein.

Lessor: FARM CREDIT LEASING SERVICES CORPORATION

By: Adam Topping Adam Topping Leasing Services Specialist
Signature Name Title

Lessee(s): Knoll Ranch LLC

By: Barron W. Knoll Barron W. Knoll Manager
Signature Name Title

Grant W. Knoll Grant W Knoll Member
Signature Name Title

Owner of Real Estate: Grant Knoll

By: Grant W. Knoll Grant W Knoll Member
Signature Name Title

Legal Description:

Portion of the W 1/2 Tax 600 U2 (171.60 Acres) Sec 12 Twp 39 Rg 10 Parcel # 888681 in Klamath County OR. Real Estate Owner(s): Grant Knoll

Parcel ID Number:**Equipment Description:**

Asset Ref #	New/Used	Quantity/Year/Manufacturer/Model/Description/Serial # Address (No P.O.Box)/City/State/Zip Code/County
20308	New	1/ 2008/ ZIMMATIC/ Z Tech/ Center Pivot/ 7-10 Towers/ LA3260 Portion of the W 1/2 Tax 600 U2 (171.60) Acres 12 39 10 Klamath Falls OREGON 97603 KLAMATH

Additional Terms:

1. The Equipment shall remain severed from the Property;
2. Even if attached to the Property, the Equipment shall retain its personal character, shall be removable from the Property, shall be treated as personal property with respect to the rights of the parties, and shall not become a fixture or a part of the Property;
3. Title and ownership of the Equipment shall remain with the Lessor;
4. The Equipment shall not be subject to the lien of any secured transaction or instrument heretofore or hereafter arising against the Property or any other structure on which the Equipment is placed;
5. Lessor, its agents and assigns, shall have full access upon the Property to inspect, repair, rebuild, disassemble, or remove the Equipment without further notice to, or further permission of, charge for, or obligation to, the Parties, and in the event of default by Lessee in the payment or performance of any of Lessee's obligations and liabilities to the Lessor, Lessor may remove the Equipment or any part thereof from the Property without objection, delay, hindrance or interference by the Parties, and in such case, the Parties will make no claim or demand whatsoever against the Equipment. In the event of any such default by Lessee, at Lessor's option, the Equipment may remain upon the Property free of rent or any charge for use and occupancy for a period not exceeding three (3) months after the receipt by the Lessor of written notice from the Parties directing removal. Lessor shall repair damage to the Property caused by Lessor's removal of the Equipment;
6. The Equipment may remain on the Property without charge for the duration of the Lease and for a reasonable time thereafter, in order that Lessor may remove the Equipment; and
7. Lessor and Lessee may agree, without affecting the validity of this Agreement, to extend, amend or in any way modify the terms of payment or performance of any of the Lessee's obligations and liabilities to Lessor, without the consent and without giving notice thereof to the Parties.

All of the Parties agree that the Lessor may sell, transfer, convey, or assign its interest in the Lease to any other persons or entities and that the terms of this Severance Agreement will remain fully valid and in effect and binding upon the Parties for the benefit of such above-referenced persons or entities.

This Severance Agreement binds all of the Parties, their (its) heirs, personal representatives, successors and assigns and shall inure to the benefit of Lessor, its successors and assigns.

All Purpose Acknowledgement

State Of Oregon
County Of Clatsop

On 9-17-08 Before me, Patricia Janet Theede
date name and title of officer
personally appeared Grant W. Knoll
name of signer

☒ personally known to me -OR- ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

Capacity Claimed by Signer
☒ Individual
☐ Corporate Officer
☐ Limited Partner
☐ General Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Guardian/Conservator
☒ Other: Individual

Witness my hand and official seal
Notary Public Patricia Janet Theede

Signer Is Representing

Name of person(s) or entity(ies)

OFFICIAL SEAL
PATRICIA JANET THEEDE
NOTARY PUBLIC - OREGON
COMMISSION NO. 405509
MY COMMISSION EXPIRES JULY 7, 2010

All Purpose Acknowledgement

State Of Oregon
County Of Clatsop

On 9-17-08 Before me, Patricia Janet Theede
date name and title of officer
personally appeared Barron Knoll
name of signer

☒ personally known to me -OR- ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

Capacity Claimed by Signer
☒ Individual
☐ Corporate Officer
☐ Limited Partner
☐ General Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other:

Witness my hand and official seal
Notary Public Patricia Janet Theede

Signer Is Representing

Name of person(s) or entity(ies)

OFFICIAL SEAL
PATRICIA JANET THEEDE
NOTARY PUBLIC - OREGON
COMMISSION NO. 405509
MY COMMISSION EXPIRES JULY 7, 2010

All Purpose Acknowledgement

State Of

Oregon

County Of

Klamath

On

9-17-08

Before me,

Patricia Janet Thede

personally appeared

Kristen H Knoll

name and title of officer

name of signer

☒ personally known to me -OR-

☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

Capacity Claimed by Signer

☒ Individual

☐ Corporate Officer

title

☐ Limited Partner

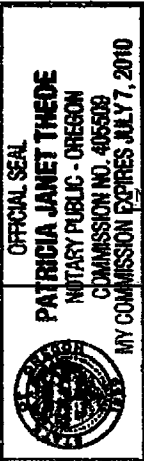
☐ General Partner

☐ Attorney-In-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other:



Witness my hand and official seal

Notary Public

Patricia Janet Thede

Signer Is Representing

Name of person(s) or entity(ies)

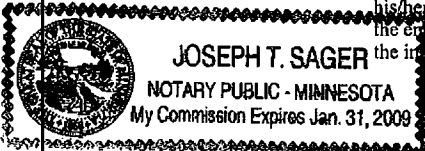
All Purpose Acknowledgement

State Of Minnesota

County Of Hennepin

On 9/24/08 Before me, Joseph T. Sager
personally appeared Adam Topping
state name and title of officer name of signer

☒ personally known to me -OR- ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument



JOSEPH T. SAGER

NOTARY PUBLIC - MINNESOTA
My Commission Expires Jan. 31, 2009

Witness my hand and official seal

Notary Public

Capacity Claimed by Signer

☐ Individual
☐ Corporate Officer

☐ Limited Partner
☐ General Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Guardian/Conservator
☒ Other; Leasing Services Specialist

Signer Is Representing

Farm Credit Leasing

Name of person(s) or entity(ies)