## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14060 - FARM CREDIT
Lien Solutions P.O. Box 29071	65632053
Glendale, CA 91209-9071	OROR
	FIXTURE
File with: Klamath, OR	

2018-008802 Klamath County, Oregon

07/25/2018 09:43:52 AM

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Fee: \$87.00

Glendale, CA 91209-9	071	OROF	₹				
	1	FIXTU	IRE .				
Filow	ith: Klamath, OR	•		THE ABOVE SD	ACE IS EO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT			ŀ	b. This FINANCING STAT			
2013-013778 12/17/2013 (				(or recorded) in the REA	I ESTATE I		•
TERMINATION: Effectiveness of Statement	of the Financing Statement ident	tified above is	s terminated with	respect to the security interest(	s) of Secure	d Party authorizing this Te	rmination
ASSIGNMENT (full or partial): For partial assignment, complete				signee in item 7c <u>and</u> name of a	Assignor in it	em 9	
CONTINUATION: Effectiveness continued for the additional periods.		entified above	with respect to th	ne security interest(s) of Secure	d Party auth	orizing this Continuation S	tatement is
5. PARTY INFORMATION CHANG	GE:						
Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> [	ANI  Secured Party of record		of these three boxe GE name and/or ac or 6b; <u>and</u> item 7a	Idress: Complete ADD na	me: Complete , <u>and</u> item 7c		Give record name item 6a or 6b
6. CURRENT RECORD INFORMATIO	N: Complete for Party Informati	ion Change -	provide only <u>one</u>	name (6a or 6b)			
6a. ORGANIZATION'S NAME							
OR 6b. INDIVIDUAL'S SURNAME			FIRST PERSONAL	NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
Masten			Kenneth		D		
7. CHANGED OR ADDED INFORMAT	ION: Complete for Assignment or Party	y Information Cha	inge - provide only or	ne name (7a or 7b) (use exact, full name	; do not omit, m	odify, or abbreviate any part of the	Debtor's name)
7a. ORGANIZATION'S NAME							
OR 7b. INDIVIDUAL'S SURNAME	Cita da William of the L.			***************************************		<del></del>	
INDIVIDUAL'S FIRST PERSONAL I	NAME						
	*						
INDIVIDUAL'S ADDITIONAL NAME	(SVINITIAL(S)						SUFFIX
	., .,						
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Als	a chack and of these four how	00: DADD	collateral	DELETE collateral	DESTATE :	avered collectored.	NOCIONI collettoral
Indicate collateral:	o check one of these lour box	es. LIADO	Collateral L	_ Delete collateral	KESTATE O	overed collateral	ASSIGN collateral
Debtor Name and Address:							
Masten, Kenneth D - 4550 Burg							
Masten, Kenneth Dean - 4550	Burgdorf Rd , Bonanza, O	R 97623					
Secured Party Name and Addre	ec.						
FARM CREDIT SERVICES OF		X 2409 , O	maha, NE 68°	103			
JW Kerns Inc - 4360 Hwy 39 , K		•	·				
9. NAME OF SECURED PARTY O					name of Assig	gnor, if this is an Assignme	nt)
If this is an Amendment authorized by	a DEBTOR, check here	and provide na	ame of authorizing	Debtor			
9a. ORGANIZATION'S NAME FARM CREDIT SERVIC	ES OF AMERICA, PC	:A					
9b. INDIVIDUAL'S SURNAME			FIRST PERSONAL	NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
							1
10. OPTIONAL FILER REFERENCE DA	ATA: Debtor Name: Mastr	en Kennet	h D		<u> </u>		<u> </u>
65632053	CREDIT SERVICES		5		1	52190477	

	IITIAL FINANCING STATEMENT FILE NUMBER: Same as if 3-013778 12/17/2013 CC OR Klamath	tem 1a on Amendment form		
	IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	e as item 9 on Amendment form		
	12a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AMERICA,			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX		
	·		THE ABOVE SPACE IS FOR FILING OFFICE US	
3. 1	Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not c	current Debtor of record required for indexing purpomit, modify, or abbreviate any part of the Debtor's	oses only in some filing offices - see Instruction item name); see Instructions if name does not fit	13): Provide on
	13a. ORGANIZATION'S NAME		ADDITIONAL MANE (OVERHITIAL (C)	SUFFIX
R	13b. INDIVIDUAL'S SURNAME  Masten	FIRST PERSONAL NAME  Kenneth	ADDITIONAL NAME(S)INITIAL(S)  D	SUPPIX
16.	This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collate. So the collate of the	Block Se SE1/4. Klamath	of real estate: 2000 Center Pivot 11036377 ection 18, T39S, R11E Tract County, OR eate Owner: Kenneth Dean &	

CREDIT SERVICES - 633 152190477

File with: Klamath, OR

FARM CREDIT SERVICES OF

18. MISCELLANEOUS: 65632053-OR-35 14060 - FARM CREDIT SERVICES