## 2018-012937 Klamath County, Oregon

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	00230826201800129370010014		
UCC FINANCING STATEMENT AMENDMENT	10/23/2018 11:56:04		
A. NAME & PHONE OF CONTACT AT FILER (optional)			
Rowena A. Chase (541) 883-6924 ext. 3496  B. E-MAIL CONTACT AT FILER (optional)			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		4.	
USDA/FSA			
2316 S 6th Street, Suite C			
Klamath Falls, OR 97601			
	+ (	$\Lambda$	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b		OR FILING OFFICE USE ONLY MENDMENT is to be filed [for record] (or record)	
2017-008753	in the REAL ESTATE RECORDS	(Form UCC3Ad) and provide Debtor's name in item	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with	th respect to the security interest(s) of Secure	d Party authorizing this Termination Statement.	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of A For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	ssignee in item 7c <u>and</u> name of Assignor in ite	m 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the additional period provided by applicable law	the security interest(s) of Secured Party auth	orizing this Continuation Statement is continued	
5. PARTY INFORMATION CHANGE:	7		
Check one of these two boxes  AND Check one of these three boxes  This Change affects  Debtor or  Debtor or  Debtor or  Secured Party of Record  Item 6a or 6b; and item 7a			
6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only  6a. ORGANIZATION'S NAME	or 7b and item 7c 7a or 7b, and item one name (6a or 6b)	7c to be deleted in item 6a or 6b	
G. GINGRINIZATION'S NAME	T 4	. 1	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAME ADDIT	IONAL NAME(S)/INITIAL(S) SUFFIX	
BAKER  7. CHANGED OR ADDED INFORMATION: Consists to Assess the Results of the Consists of the			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provided 7a. ORGANIZATION'S NAME	le only <u>one</u> name (7a or 7b) (use exact, full name; do n	of omit, modify, or abbreviate any part of the Debtor's nai	
OR 7b. INDIVIDUAL'S SURNAME			
		r	
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: ADD collateral	DELETE collateral RESTATE	covered collateral ASSIGN collateral	
Indicate collateral:			
NAME of SECURED PARTY of RECORD Authorizing this AMENDMENT: Provide only one no     If this is an Amendment authorized by a DEBTOR, check here     and provide name of authorizing		Assignment)	
9a. ORGANIZATION'S NAME	g DEBTOR		
OR 9b. INDIVIDUAL'S SURNAME FIRST PERSON	LLY/	DAM NAME/COMMITTAL (C)	
FIRST PERSON	ADDITION ADDITION	DNAL NAME(S)/INITIAL(S) SUFFIX	
10. OPTIONAL FILER REFERENCE DATA:  Baker FSFL	<u></u>		

404 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (Rev. 06/13)

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