A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Umpqua Bank

96. INDIVIDUAL'S SURNAME

OR

67617387

2018-014692 Klamath County, Oregon



12/07/2018 10:07:46 AM

Fee: \$92.00

B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwe	r.com						
O OFFID ACKNOWN FOOMENT TO MILLS AND A Address	- UMPQUA BAN	<u></u>					
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Lien Solutions 67	7617387						
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	XTURE	,					
		J					****
File with: Klamath, OR 1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANC		_	R FILING OFFIC		
2016-007968 7/28/2016 CC OR Klamath		(or recorded)	in the REAL	ESTATE R	ECORDS UCC3Ad) <u>and</u> provide		
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated						
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a. For partial assignment, complete items 7 and 9 <u>and</u> also indicate aff			name of As	ssignor in ite	rm 9		
CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	d above with respect	to the security interest(s	of Secured	Party autho	rizing this Continua	ition Stat	ement is
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes: AND Ch	eck <u>one</u> of these three _ CHANGE name and	boxes to: /or address: Complete /	ADD name	e: Complete	item DELETE:	name: Gi	ive record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> it	em 7a or 7b <u>and</u> item 7c		and item 7c	to be dele		
6. CURRENT RECORD INFORMATION: Complete for Party Information Cl 6a. ORGANIZATION'S NAME	hange - provide only	one name (6a or 6b)					
HAMMERICH GOAT DAIRY LLC							
OR 6b. INDIVIDUAL'S SURNAME	ONAL NAME	L NAME ADDITIONAL NAME(SYINITIA			·)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	mation Change - provide o	only <u>one</u> name (7a or 7b) (use e	oxact, full name;	do not omit, mo	dify, or abbreviate any p	ent of the D	abtor's name)
7a. ORGANIZATION'S NAME							
OR 7b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)							SUFFIX
7c. MAILING ADDRESS	СПУ	·		STATE	POSTAL CODE		COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collatera	al R	ESTATE co	vered collateral	AS	SIGN collateral
Indicate collateral:	· -						
Debtor Name and Address: HAMMERICH GOAT DAIRY LLC - 305 Haskins Rd , Bonanz	a AP 07823- 7 7)a					
Secured Party Name and Address: Umpqua Bank - PO Box 1820 , Roseburg, OR 97470	a, OK 37023-171						
• • • • • • • • • • • • • • • • • • • •							
	-						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and p	IIS AMENDMENT: provide name of authors		(9a or 9b) (na	ame of Assig	mor, if this is an Ass	signment)	1
D. OPCANIZATION'S NAME							

FIRST PERSONAL NAME

SUFFIX

ADDITIONAL NAME(SYINITIAL(S)

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: HAMMERICH GOAT DAIRY LLC

	LOW INSTRUCTIONS	ADDEND	JW		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form					
_	6-007968 7/28/2016 CC OR Klamath NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A				
12.	12a. ORGANIZATION'S NAME 12a. ORGANIZATION'S NAME	amenament torm			
	Umpqua Bank				
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYINITIAL(S)	s	UFFIX		
12	Name of DEDTOD on related financing statement /Name of a surrent Debtor	of record required		SPACE IS FOR FILING OFFICE U	
13,	Name of DEBTOR on related financing statement (Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a				m 13): Provide oni
1	138. ORGANIZATION'S NAME HAMMERICH GOAT DAIRY LLC				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
15.	This FINANCING STATEMENT AMENDMENT:		17. Description of real estate:		• •
16.	covers timber to be cut covers as-extracted collateral is filed covers and address of a RECORD OWNER of real estate described in item 17	as a fixture filing	SEE ATTACHED	EXHIBIT A	
	if Debtor does not have a record interest):				
	ALAMA LIMOOTI LANTONIO, CTC47207 OD 25 MAMA LIMOOTIA DANK COMMETCO				

Exhibit "A"

The collateral is located on the following described real property:

Parcel 1 of Land Partition 43-02, in the NE1/4 and the SE1/4 of Section 31; the NW1/4 and the SW1/4 of Section 32 in Township 38 Range 11 and the NE1/4 of Section 6; NW1/4 of Section 5, Township 39, Range 11 East of the Willamette Meridian, Klamath County, Oregon.

Taxes assessed under Code No. 037 Account No. R456214 Map No. R-3811-00000-05300-000 NOTE: The 2015-2016 Taxes; \$3,545.21, are Paid

Taxes assessed under Code No. 036 Account No. R608890 Map No. R-3811-00000-05300-000 NOTE: The 2015-2016 Taxes; \$54.63, are Paid

Taxes assessed under Code No. 037 Account No. R456214 Map No. R-3911-00500-00200-000 NOTE: The 2015-2016 Taxes: \$86.32, are Paid