

2019-002279

Klamath County, Oregon

03/12/2019 02:44:01 PM

	MTC	<u> </u>	(1HIV)		Fee: \$87.00	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER [optional]						
B. E-MAIL CONTACT AT FILER [optional]						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
KLAMATH FSA		$\neg \mathbf{I}$				
1945 MAIN STREET		'				
KLAMATH FALLS, OR 97601						
1 1						
L.	- ·				R FILING OFFICE US	
DEBTOR'S NAME — Provide only one Debtor name (1a or 1b) (to name will not fit in line 1b, leave all of item 1 blank, check here		name; do not omit, modify, de the Individual Debtor infor				
1a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·				
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
NEESE		BRYN		SUMMER		
10. MAILING ADDRESS 11010 WALKER RD		BONANZA		OR	97623	USA
2. DEBTOR'S NAME – Provide only one debtor name (2a or 2b) (us	e evact full r		abbraviate any part of the			
name will not fit in line 2b, leave all of item 1 blank, check here		de the Individual Debtor info				
2a. ORGANIZATION'S NAME						
DR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
NEESE c. MAILING ADDRESS		AARON		LEE		
11010 WALKER RD		BONANZA		STATE	POSTAL CODE 97623	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG			one Secured Party name		07020	100/1
3a. ORGANIZATION'S NAME		UITED STATES DE		CDICUI		//CE A CENOV
UNITED STATES OF AMERICA ACTING THROUGH L 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c, MAILING ADDRESS 1945 MAIN STREET		KLAMATH F	ALLC	STATE	POSTAL CODE	COUNTRY
4.0014.4777.11		NLAWA I II F	ALLS	OR	97601	USA
4. COLLATERAL: This financing statement covers the following collater		 				
a. All crops, livestock, farm products, equipment, coobligations, contract rights, payment intangibles, ga	eneral int	angibles, investmer	nt property, gross	receipts.	equities, revolving	supporting funds, crop
insurance indemnity payments, and all entitlements	s, benefit	s, and payments fro	om all State and F	ederal fa	ırm program.	, ,
D						; and
c. All proceeds, products, accessions, and security	acquired	l hereafter.				
Disposition of such collateral is NOT hereby author	rized.					
Check <u>only</u> if applicable and check only one box Collateral is h	eld in a Trust	(see UCC1Ad, item 17 and	instructions) hei	ng administer	red by a Decedent's Persor	nal Representativo
Check only if applicable and check only one box	·			J	,	
	tor is a Trans	mitting Utility				
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor	Co	nsignee/Consignor	Seller/Buyer	Bailee/E	Bailor Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA		·				

EXHIBIT "A" LEGAL DESCRIPTION

The S1/2 of the SW1/4 of Section 2 in Township 40 South, Range 13 East of the Willamette Meridian, in the County of Klamath, State of Oregon.