_		
	<u> </u>	

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	69917891
Glendale, CA 91209-9071	OROR
1	FIXTURE
File with: Klamath, OR	
19 INITIAL FINANCING STATEMENT EILE NUMBED	

2019-005454 Klamath County, Oregon



05/15/2019 02:14:13 PM

Fee: \$87.00

Glondalo CA C		ODOL	,			
Glendale, CA 9	1209-9071	OROF	-			
l i		FIXTU	JRE ı			
L	File with: Klemath OB			THE ADOME OD	4 CE 10 EOD EN INO OFFICE (IOT ONLY
1a. INITIAL FINANCING STA	File with: Klamath, OR				ACE IS FOR FILING OFFICE L	
	2014 CC OR Klamath		'	(or recorded) in the REA	EMENT AMENDMENT is to be filed. AL ESTATE RECORDS	
					idendum (Form UCC3Ad) and provide De	
Statement	ctiveness of the Financing Statement i	identified above is	s terminated with	espect to the security interest(s) of Secured Party authorizing this	Termination
	r partial): Provide name of Assignee in it, complete items 7 and 9 <u>and</u> also in			ignee in item 7c <u>and</u> name of a	Assignor in item 9	
4. CONTINUATION: Effective continued for the additional continued for the	ectiveness of the Financing Statement itional period provided by applicable la	nt identified above aw	with respect to th	e security interest(s) of Secure	d Party authorizing this Continuation	Statement is
5. PARTY INFORMATIO	ON CHANGE:		-			
Check one of these two box	æs:	AND Check one	of these three boxe	s to:		
This Change affects	Debtor or Secured Party of record	CHANG litem 6a	GE name and/or ad a or 6b; <u>and</u> item 7a	dress: Complete ADD nation 7b and item 7c 75 and 7c		e: Give record name in item 6a or 6b
	ORMATION: Complete for Party Inform				, <u>5.12</u> 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	
68. ORGANIZATION'S NAI		masan onango	p. 0.1.00 0.1.19 <u>0.1.0</u> 1	10110 (00 01 00)		
OR 6b. INDIVIDUAL'S SURNAL	ME		FIRST PERSONAL	NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
Hartman			Ryan	I W IFFILM	Edward	SOFFIX
7 CHANCED OD ADDED III	UEODMATION -		<u> </u>			
7. CHANGED OR ADDED IN	NFORMATION; Complete for Assignment or MF	r Party Information Cha	ange - provide only <u>on</u>	name (7a or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part of	the Debtor's name)
1 511.541.511.511.51						
OR 7b. INDIVIDUAL'S SURNAI						
76. INDIVIDUAL'S SURNAI	NIC:					
INDIVIDUAL'S FIRST P	ERSONAL NAME					
INDIVIDUAL'S ADDITIO	DNAL NAME(SYNITIAL(S)					SUFFIX
7c. MAILING ADDRESS			CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHAN	IGE: Also check one of these four	boves: ADD	collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	TOE. MISS CHECK ON THE OF THESE TOUR	DOXES.	Conateral _	J DELETE COllateral	RESTATE covered consideral	I ASSIGN conateral
Debtor Name and Addr	ess:					
	- PO Box 148 , Malin, OR 976	632				
Four H Organics, LLC -	PO Box 148 , Paisley, OR 976	336				
Convered Dorty Name on	ad Address.					
Secured Party Name ar FARM CREDIT SERVICE	CES OF AMERICA, PCA - PO	BOX 2409 O	lmaha NE 681	03		
	vy 39 , Klamath Falls, OR 9760		///ai/a, 14E 00 1	03		
9. NAME OF SECURED 6	PARTY of RECORD AUTHORIZ	ZING THIS AME	NDMENT Prov	ide poly one name (9a or 9h) (r	name of Assignor if this is an Assignor	nent)
	thorized by a DEBTOR, check here		ame of authorizing		and or radiging	ionej
9a. ORGANIZATION'S NAM	AE					·
FARM CREDIT	SERVICES OF AMERICA, I	PCA				
OR 96. INDIVIDUAL'S SURNAM	<u></u>		FIRST PERSONAL	NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
				•	· · · · · · · · · · · · · · · · · · ·	
10 ORTIONAL SUSPINES	DENCE DATA. D					
	RENCE DATA: Debtor Name: Ha	aπman, Ryan	∟dward			
69917891	267				152338458	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

s item 1a on Amendment form			
2014-007460 7/16/2014 CC OR Klamath 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form			
. 504			
A, PCA			
SUFFIX			
	THE ABOVE SPACE IS FOR FILING OFFICE USE		
a current Debtor of record required for indexing pur t omit, modify, or abbreviate any part of the Debtor's	poses only in some filing offices - see Instruction item name); see Instructions if name does not fit	13): Provide only	
COST DEDOONS NAME	LADDITIONAL MANAGEMENT (C)	Lauriani.	
Ryan	Edward	SUFFIX	
<u> </u>			
teral is filed as a fixture filing \/allow 0/	000 Center Pivot 11096044		
	A, PCA SUFFIX a current Debtor of record required for indexing purt omit, modify, or abbreviate any part of the Debtor's Ryan FIRST PERSONAL NAME Ryan	SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item tomit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)	