2019-007839 Klamath County, Oregon



UCC FINANCING STATEMENT AMENUMEN I FOLLOW INSTRUCTIONS	07/12/2019 10:	07/12/2019 10:49:15 AM Fee:					
A. NAME & PHONE OF CONTACT AT FILER (optional)	1						
MICHAEL MANNIGAN 541-923-4358							
B. E-MAIL CONTACT AT FILER (optional)	1						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1						
FARM OFFINION AGENON		4.					
FARM SERVICE AGENCY							
KLAMATH FALLS COUNTY FSA OFFICE							
1945 MAIN STREET, SUITE 100							
KLAMATH FALLS, OR 97601							
∟ _	THE ABOVE SPACE	IS FOR FILING OFFICE USE	ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	b. This FINANCING STATEME	NT AMENDMENT is to be filed (for re					
2017-014544 FILED 12/22/2017	in the REAL ESTATE RECO Filer: attach Amendment Adde	ndum (Form UCC3Ad) <u>and</u> provide Debt	or's name in item 13				
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated	with respect to the security interest(s) of S	ecured Party authorizing this Termina	ation Statement.				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.	Assignee in item 7c <u>and</u> name of Assigno	r in item 9					
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect the additional period provided by applicable law	to the security interest(s) of Secured Part	authorizing this Continuation Statem	nent is continued for				
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes AND Check one of these three		Outstanding Book STE assets	e: Give record name				
This Change affects Debtor or Secured Party of Record Dittem 6a or 6b; and item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide on							
6a. ORGANIZATION'S NAME		****					
UNITED STATES OF AMERICA acting through	ugh FARM SERVIO	CE AGENCY					
OR 6b. INDIVIDUAL'S SURNAME FIRST PERS	SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – pro 7a. ORGANIZATION'S NAME	vide only <u>one</u> name (7a or 7b) (use exact, full nam	ne: do not omit, modify, or abbreviate any pa	rt of the Debtor's name				
UNITED STATES OF AMERICA acting through the FARM SERVICE AGENCY							
OR 76. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	$\overline{}$						
1945 MAIN STREET, SUITE 100 KLAN		OR 97601	USA				
1945 WAIN STREET, SUITE 100 REAW	ATH FALLS	JK 97001	USA				
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RE	STATE covered collateral	ASSIGN collateral				
Indicate collateral:							
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one		s is an Assignment)					
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized Dear ORGANIZATION'S NAME	uzing DERIOR						
UNITED STATES OF AMERICA acting through	the Farm Service A	gency					
OR 9b. INDIVIDUAL'S SURNAME FIRST PER	SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				

10. OPTIONAL FILER REFERENCE DATA:
DIAMOND B FARMS LLC, RAELYN MARIE BOWMAN, ROBERT JAMES BOWMAN

Instructions for National UCC Financing Statement AMENDMENT (Form UCC3)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions, especially Instruction 1a; correct file number of initial financing statement is crucial.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

When properly completed, send Filing Office Copy, with required \$15.00 fee to Secretary of State Corporation Division/UCC Section 255 Capitol St. NE, Ste. 151 Salem, Oregon 97310. Rejected filings are subject to the non-refundable processing fee.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional. C. Complete item C if filer desires an acknowledgment sent to them.

Always complete items 1a and 9.

- 1a. **File Number.** Enter file number of initial financing statement to which this Amendment relates. Enter only one file number. In some states, the file number is not unique; in those states, also enter in item 1a, after the file number, the date that the initial financing statement was filed.
- 1b. If this Amendment is to be filed in the real estate records or in any other filing office where the name of current Debtor is required for indexing purposes, check the box in item 1b and enter Debtor name in item 13 of Amendment Addendum (Form UCC3Ad). Complete item 13 in accordance with instructions on Amendment Addendum (Form UCC3Ad). If Debtor does not have an interest of record, enter the name and address of the record owner in item 16 of Amendment Addendum (Form UCC3Ad).

Note: Show purpose of this Amendment by checking box 2, 3, 4, 5, or 8 (in items 5 and 8 you must check additional boxes); also complete items 6, 7, and/or 8 as appropriate. Some, but not all filing offices accept multiple actions on an Amendment. Filing offices that accept multiple actions may charge an additional fee. Some filing offices that accept multiple actions may only index one of the actions requested. Consult the administrative rules of the designated filing office to determine the extent to which multiple actions will be accepted, indexed, and the applicable filing fees for multiple actions.

- 2. Termination. To terminate the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 2. See Instruction 9 below.
- 3. Assignment. To <u>assign</u> (1) some or all of Assignor's right to amend the identified financing statement, or (2) the Assignor's right to amend the identified financing statement with respect to some (but not all) of the collateral covered by the identified financing statement: Check box in item 3 and enter name of Assignee in item 7a or 7b; always enter the Assignee's mailing address in item 7c. Also enter name of Assignor in item 9. If assignment affects the right to amend the financing statement with respect to some (but not all) of the collateral covered by the identified financing statement, check the ASSIGN collateral box and indicate the particular collateral covered in item 8.
- 4. Continuation. To continue the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 4. See Instruction 9 below.
- 5-7. Party Information Change. To indicate a party information change, check this box; also check additional boxes (as applicable) and complete Items 5, 6, and/or 7 as appropriate.

To <u>change the name and/or address</u> of a party (items 5, 6, and 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; <u>and</u> check the CHANGE name and/or mailing address box in item 5 and enter name of affected party (current record name) in item 6a or 6b; and repeat or enter the new name in item 7a or 7b; always enter the party's mailing address in item 7c.

To <u>add</u> a party (items 5 <u>and</u> 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the ADD name box in item 5 and enter the added party's name in item 7a or 7b; always enter the party's mailing address in item 7c. For additional Debtors or Secured Parties, attach Amendment Additional Party (Form UCC3AP), using correct name format.

To <u>delete</u> a party (items 5 <u>and</u> 6): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the DELETE name box in item 5 and enter the deleted party's name in item 6a or 6b.

8. Collateral Change. To indicate a collateral change, check this box; also check additional box (as applicable) and describe the change in item 8. If space in item 8 is insufficient, continue collateral description in item 14 of Amendment Addendum (Form UCC3Ad). Do not include social security numbers or other personally identifiable information.

To add collateral: Check the ADD collateral box in item 8 and indicate the additional collateral.

To <u>delete</u> collateral: Check the DELETE collateral box in item 8 and indicate the deleted collateral. A partial release is a DELETE collateral change.

To restate covered collateral description: Check the RESTATE covered collateral box in item 8 and indicate the restated collateral.

To <u>assign</u> the right to amend the financing statement with respect to part (but not all) of the collateral covered by the identified financing statement: Comply with Instruction 3 above and check the ASSIGN collateral box in item 8.

If, due to a full release of collateral, filer no longer claims a security interest under the identified financing statement, check box in item 2 (Termination) and not a box in item 8 (Collateral Change).

- 9. Name of Authorizing Party. Enter name of party of record authorizing this Amendment. In most cases, the authorizing party is the Secured Party of record. If this is an Amendment (Assignment), enter Assignor's name in item 9a or 9b. If this is an Amendment (Termination) authorized by a Debtor, check the box in item 9 and enter the name of the Debtor authorizing this Amendment in item 9a or 9b. If this Amendment (Termination) is to be filed or recorded in the real estate records, also enter, in item 12 of Amendment Addendum (Form UCC3Ad), the name of Secured Party of record. If there is more than one authorizing Secured Party or Debtor, enter additional name(s) in item 14 of Amendment Addendum (Form UCC3Ad).
- 10. **Optional Filer Reference Data.** This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 10 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information.

ПС	C FINANCING STATEMENT AMENDME	-NT				
FOL	LOW INSTRUCTIONS AME & PHONE OF CONTACT AT FILER (optional)		İ			
ΜÏ	CHAEL MANNIGAN 541-923-4358					
B. E	MAIL CONTACT AT FILER (optional)					
C.S	END ACKNOWLEDGMENT TO: (Name and Address)					
		\neg		4		
	FARM SERVICE AGENCY KLAMATH FALLS COUNTY FSA OFF	1		7		
	1945 MAIN STREET, SUITE 100	CE				
	KLAMATH FALLS, OR 97601			4		
				(C)	M M	
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20	17-014544 FILED 12/22/2017		in the REAL ESTATE REG Filer: <u>attach</u> Amendment Ad		UCC3Ad) <u>and</u> provide Debte	or's name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated w	ith respect to the security interest(s) of	Secured Part	y authorizing this Termina	ition Statement.
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5.	the additional period provided by applicable law PARTY INFORMATION CHANGE:	~~	1		-	
		ck one of these three to CHANGE name and/or		e: Complete it	em DELETE name	: Give record name
6.	This Change affects Debtor or Secured Party of Record Lilte CURRENT RECORD INFORMATION: Complete for Party Information	em 6a or 6b; <u>and</u> item 7 Change – provide only		ind item 7c	to be deleted in	item 6a or 6b
	6a. ORGANIZATION'S NAME		-	-		
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
		- N - Y	-	b. 1		
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	DIAMOND B FARMS LLC			- 1	- 0	
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL MANE/SVINITIALIS			—		
	INDIVIQUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
29	303 DEMERRITT RD	MALIN	_	OR	97632	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE cov	ered collateral A	SSIGN collateral
	Indicate Constents.					
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDA			his is an Assig	nment)	
	9a. ORGANIZATION'S NAME	rovide name of authori.		_		
OB	UNITED STATES OF AMERICA actions individual's surname	ng through			L NAME(S)/INITIAL(S)	SUFFIX
OR	96. INDIVIDUAL'S SURNAME	riksi reks	JIME NAME	ADDITIONA	L PAME(S)/INCHAL(S)	JULYIN
10.	OPTIONAL FILER REFERENCE DATA:					l
Dl	AMOND B FARMS LLC, RAELYN MA	KIE BOW	лАN, ROBERT JA	MES B	NAMWO	

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