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2019-009629

Klamath County, Oregon

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UCC FINANCING STATEMENT		`		
A NAME & PHONE OF CONTACT AT FILER [optional]	The state of the s			
A. TARIE & FROM CONTROL OF THE CONTR			1	,
B. E-MAIL CONTACT AT FILER [optional]				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				1
C. SEMD ACIDOWEED GMENT TO: (Native Bits Address)	-			
KLAMATH FSA				
1945 MAIN STREET				
KLAMATH FALLS, OR 97601				
		The second second	FILING OFFICE USE	
5 DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, fur name will not fit in line 1b, leave all of tem 1 blank, check here. and provi	il name; do not omit, modify, or abbreviate any part of ti ide the Individual Debtor information in item 10 of the F	the Debtor's nem inancing Statem	e); ir any pari or ine indi ent Addendum (Form U	CC1Ad)
18 ORGANIZATION'S NAME	The Committee of the Co			The second secon
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LAPOITIONAL	NAME(S)/IN!TIAL(S)	I SUFFIX
HUMPHREY	DANIEL	RAY	0 102(0)	
TO MAILING ADDRESS	CITY		OSTAL CODE	COUNTRY
PO BOX 453	MALIN		97632	USA
DEBTOR'S NAME - Provide only one debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 1 blank, check here and provide name will not fit in line 2b, leave all of item 1 blank, check here.	name; do not omit, modify or abbreviate any part of the ide the individual Debtor information in item 10 of the I	e Debtor's name) Financing Statem	; if any part of the indivi- ent Addendum (Form U	dual Debtor's CC1Ad)
26 ORGANIZATION'S NAME				
OR 25 INDIVIDUAL'S SURNAME HUMPHREY	FIRST PERSONAL NAME MICHELE	NICOLE	NAME(S)/:NITIAL(S)	SUFFIX
20 MAILING ADDRESS	CITY	1	OSTAL CODE	COUNTRY
PO BOX 453	MALIN	OR !	97632	USA
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY) Provide only <u>one</u> Secured Party name	(3a or 3b)		
38 ORGANIZATION'S NAME UNITED STATES OF AMERICA ACTING THROUGH TH	E UNITED STATES DEPARTMENT OF	AGRICULT	URE FARM SER	VICE AGENCY
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAME(S)/INITIAL(S)	SUFFIX
				COUNTRY
3c MAIN STREET	KLAMATH FALLS	1	97601	USA
	REAMATTTALES	TOIL I	77 00 1	JOOA
COLLATERAL: This financing statement covers the following collateral: a. All crops, livestock, farm products, equipment, certific supporting obligations, contract rights, payment intangile.	oles, general intangibles, investmer	nt property,	gross receipts,	equities,
revolving funds, crop insurance indemnity payments, as program.	id all entitlements, benefits, and pa	iymenis iro	m an State and	redetalitatiii
b.All irrigation systems and equipment including but not		pivots, pipe	, valves, pumps	s and other
appurtenances, including additions, substitutions and rec. All proceeds, products, accessions, and security acq	•			
o. 7 iii probooda, produbio, dobodoloria, drid boodiniy doq	and nordanor.			
Disposition of such collateral is NOT hereby authorized	•			
5 Check only if applicable and check only one box Collateral Is held in a Tru	st (see UCC1Ad, item 17 and instructions) be	ing administered	by a Decodent's Person	nal Representative
Check <u>only</u> if applicable and check only one box;				
Public-Finance Transaction A Debtor is a Train	nsmitting Utility	کیں ۔ ۔ ۔۔۔		
7 ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor (Consignee/Consignor Seller/Buyer	Bailee/Bail	or Lice	nsee/Licensor
8 OPTIONAL FILER REFERENCE DATA		and the second second		
401 FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM U	CC1) (OR REV. 06/14)			

UCC FINANCING STATEMENT ADDENDUM

_	LOW INSTRUCTIONS			7			
9.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left	, blank				
	9a. ORGANIZATION'S NAME		, , , , , , , , , , , , , , , , , , , 	1			
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)R	96 INDIVIDUAL'S SURNAME			-			
	HUMPHREY						
	FIRST PERSONAL NAME			1			
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	ADDITIONAL NAME(S)/INITIAL(S) RAY		SUFFIX	1			
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U,	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or I do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	Sebtor name tha iling address in	at did not fit in line line 10c	1b or 2b of the f	inancing Stat	ement (Form UCC1) (use	exact, full name;
	10a ORGANIZATION 9 NAME				**************************************	William Control of the Control of th	
R	166 INDIVIDUAL'S SURNAME				**************************************	and the state of t	adero o un de
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	MAILING ADDRESS BOX 453	CITY		The state of the s	STATE	POSTAL CODE	COUNTRY
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		NOR SECU		S NAME: Prov		name (11a or 11b) L NAME(S)/INITIAL(S)	SUPFIX
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R	11a. ORGANIZATION'S NAME / 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERS		S NAME: Prov	ADDITIONA	L NAME(S)/INITIAL(S)	
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R	11b INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for recorded) in the	CITY	IONAL NAME	MENT:	ADDITIONA	IL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY
R	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	CITY 14. This FI	INANCING STATE	MENT:	ADDITIONA	IL NAME(S)/INITIAL(S) POSTAL CODE	- Committee of the Comm
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EXHIBIT "A" LEGAL DESCRIPTION

NW 1/4 NE 1/4 of Section 8, Township 41 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

Excepting therefrom all that portion which lies within the USBR "D" Canal.

Also excepting therefrom all that portion lying within Micka Co. Rd. 1078