

2019-013616

Klamath County, Oregon



00250557201900136160030039

11/21/2019 10:46:55 AM

Fee: \$92.00

UCC FINANCING STATEMENT AMENDMENT**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER (optional)

DEREK JOHNSON 541-883-6924

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

FARM SERVICE AGENCY
1945 MAIN STREET, SUITE 100
KLAMATH FALLS, OR 97601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

2015-000552 DATED 1/21/2015

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. **PARTY INFORMATION CHANGE:**Check one of these two boxesAND Check one of these three boxes to:

This Change affects ☐ Debtor or ☒ Secured Party of Record ☒ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party information Change – provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY

OR 6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change – provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

UNITED STATES OF AMERICA acting through the Farm Service Agency

OR 7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

7c. MAILING ADDRESS

1945 MAIN STREET, SUITE 100

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing DEBTOR

9a. ORGANIZATION'S NAME

UNITED STATES OF AMERICA acting through the Farm Service Agency

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**

JASON RHETT JOHNSON, CARI MARIE JOHNSON

404 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (Rev. 06/13)

Returned at Counter

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
MICHAEL MANNIGAN 541-923-4358

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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KLAMATH FALLS COUNTY FSA OFFICE
1945 MAIN STREET, SUITE 100
KLAMATH FALLS, OR 97601

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6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME

JOHNSON

FIRST PERSONAL NAME

JASON

ADDITIONAL NAME(S)/INITIAL(S)

RHETT

SUFFIX

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7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S SURNAME

JOHNSON

INDIVIDUAL'S FIRST PERSONAL NAME

JASON

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

RHETT

7c. MAILING ADDRESS

21406 HARPOLD RD

CITY

MALIN

STATE

OR

POSTAL CODE

97632

COUNTRY

USA

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

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FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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OR 6b. INDIVIDUAL'S SURNAME

JOHNSON

FIRST PERSONAL NAME

CARI

ADDITIONAL NAME(S)/INITIAL(S)

MARIE

SUFFIX

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JOHNSON

INDIVIDUAL'S FIRST PERSONAL NAME

CARI

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

MARIE

7c. MAILING ADDRESS

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