2019-013616 Klamath County, Oregon

	4204000	

CC FINANCING STATEMENT AMENDMEN		00250557201900136160030039				
OLLOW INSTRUCTIONS						
NAME & PHONE OF CONTACT AT FILER (optional)						
EREK JOHNSON 541-883-6924 E-MAIL CONTACT AT FILER (optional)						
`` <i>`</i>						
SEND ACKNOWLEDGMENT TO: (Name and Address)						
FARM SERVICE AGENCY	기					
1945 MAIN STREET, SUITE 100						
KLAMATH FALLS, OR 97601						
	l l					
	THE ABOVE SPACE IS FOR					
INITIAL FINANCING STATEMENT FILE NUMBER	in the REAL ESTATE RECORDS	DMENT is to be filed (for record) (or recorded)				
015-000552 DATED 1/21/2015	<u> </u>	m UCC3Ad) and provide Debtor's name in item 13				
TERMINATION: Effectiveness of the Financing Statement identified above		·				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected co	lateral in item 8					
CONTINUATION: Effectiveness of the Financing Statement identified about the additional period provided by applicable law	ve with respect to the security interest(s) of Secured Party authorizi	ing this Continuation Statement is continued for				
PARTY INFORMATION CHANGE: Check one of these two boxes AND Check on	g of these three boxes to:					
— CHAN	GE name and/or address: Complete or 6b: and item 7a or 7b and item 7c					
This Change affects Debtor or Secured Party of Record Ditem 6a CURRENT RECORD INFORMATION: Complete for Party Information Chan	or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c	DELETE name: Give record name to be deleted in item 6a or 6b				
This Change affects Debtor or Secured Party of Record Ultem 6a CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAME	ge – provide only <u>one</u> name (6a or 6b)	to be deleted in item 6a or 6b				
This Change affects Debtor or Secured Party of Record Ditem 6a CURRENT RECORD INFORMATION: Complete for Party Information Chan	ge – provide only one name (6a or 6b) ng through FARM SERVICE A	to be deleted in item 6a or 6b				
This Change affects Debtor or Secured Party of Record Item 6a CURRENT RECORD INFORMATION: Complete for Party Information Chan 6a. ORGANIZATION'S NAME UNITED STATES OF AMERICA actions 6b. INDIVIDUAL'S SURNAME	ge – provide only one name (6a or 6b) ng through FARM SERVICE A FIRST PERSONAL NAME ADDITION	GENCY IAL NAME(S)/INITIAL(S) SUFFIX				
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This Change affects Debtor or Secured Party of Record CHAN Item 6a CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAME UNITED STATES OF AMERICA action 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME UNITED STATES OF AMERICA acting 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	ge – provide only one name (6a or 6b) ng through FARM SERVICE A FIRST PERSONAL NAME ADDITION abon Change – provide only one name (7a or 7b) (use exact, full name; do not or through the Farm Service Agence	Ito be deleted in item 6a or 6b GENCY IAL NAME(S)/INITIAL(S) Mit. modify, or abbreviate any part of the Debtor's name) CY POSTAL CODE COUNTRY				
This Change affects Debtor or Secured Party of Record CHAN Item 6a CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAME UNITED STATES OF AMERICA action 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME UNITED STATES OF AMERICA acting 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 945 MAIN STREET, SUITE 100	ge - provide only one name (6a or 6b) ng through FARM SERVICE A FIRST PERSONAL NAME ADDITION abon Change - provide only one name (7a or 7b) (use exact, full name; do not or through the Farm Service Agence CITY KLAMATH FALLS OR	L to be deleted in item 6a or 6b GENCY IAL NAME(S)/INITIAL(S) SUFFIX mit, modify, or abbreviate any part of the Debtor's name)				

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

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	C FINANCING STATEMENT AMENDMENT	Γ				
A. N.	AME & PHONE OF CONTACT AT FILER (optional)		1			
	CHAEL MANNIGAN 541-923-4358 MAIL CONTACT AT FILER (optional)					
	,,,,,,,,					
C. S	END ACKNOWLEDGMENT TO: (Name and Address)					
	 FARM SERVICE AGENCY					
	KLAMATH FALLS COUNTY FSA OFFICE					
	1945 MAIN STREET, SUITE 100					
	KLAMATH FALLS, OR 97601					
	<u> </u>		THE ADOME SOA	CE 16 EOB 1	THE INC OFFICE LINE (NII V
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	1	b. This FINANCING STATE	MENT AMENO	FILING OFFICE USE (DMENT is to be filed [for re	
20	15-000552 DATED 1/21/2015		in the REAL ESTATE RE Filer: <u>attach</u> Amendment Ad	dendum (Form	UCC3Ad) <u>and</u> provide Debte	or's name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated w	rith respect to the security interest(s) of	of Secured Par	rty authorizing this Termina	ition Statement.
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, g For partial assignment, complete items 7 and 9 and also indicate affected colli-		Assignee in item 7c <u>and</u> name of Assig	gnor in item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law	ve with respect t	o the security interest(s) of Secured P	arty authorizin	g this Continuation Staten	nent is continued for
5.	PARTY INFORMATION CHANGE:					
	Check one of these two boxes AND Check one		address: Complete ADD nam	ne: Complete i		Give record name
6.	This Change affects Debtor or Secured Party of Record Ultern 6a c CURRENT RECORD INFORMATION: Complete for Party Information Change			and item 7c	to be deleted in	item 6a or 6b
	6a. ORGANIZATION'S NAME					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
	JOHNSON	JASO	N	RHE	ΓT	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME	etion Change – prov	ride only <u>one</u> name (7a or 7b) (use exact, full	name; do not om	it, modify, or abbreviate any pa	t of the Debtor'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 406 HARPOLD RD	MALIN	I	STATE OR	POSTAL CODE 97632	COUNTRY
	400 HARPOLD RD	IVIALII	<u> </u>	UK	97032	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE CON	vered collateral A	SSIGN collateral
	Indiana salakud					
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PE			this is an Assi	gnment)	•
	9a. ORGANIZATION'S NAME	name of authori.		_		
Λe	UNITED STATES OF AMERICA acting t	hrough				Teneciv
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERS	VINAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA:			<u> </u>		
JΑ	SON RHETT JOHNSON, CARI MARIE J	iohns(N			

FOL	C FINANCING STATEMENT AMENDMENT	Γ				
	AME & PHONE OF CONTACT AT FILER (optional) CHAEL MANNIGAN 541-923-4358					
B. E	MAIL CONTACT AT FILER (optional)					
Ç. S	END ACKNOWLEDGMENT TO: (Name and Address)					
	FARM SERVICE AGENCY	\neg				
	KLAMATH FALLS COUNTY FSA OFFICE					
	1945 MAIN STREET, SUITE 100					
	KLAMATH FALLS, OR 97601	1				
			THE ABOVE SP	ACE IS FOR	FILING OFFICE USE C	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER	1b.	in the REAL ESTATE f	RECORDS	DMENT is to be filed (for re	•
20	15-000552 DATED 1/21/2015		Filer: attach Amendment	Addendum (For	n UCC3Ad) <u>and</u> provide Debte	or's name in item 13
2. 3.	TERMINATION: Effectiveness of the Financing Statement identified above				rty authorizing this Termina	ition Statement.
	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. is For partial assignment, complete items 7 and 9 and also indicate affected colli-	ateral in item 8				
4.	CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law	ve with respect to	the security interest(s) of Secured	Party authoriza	ng this Continuation Statem	nent is continued for
5.	PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one	of these three bo	exes to			
			ddress. Complete ADD na	ime: Complete b. and item 7c	item DELETE name	: Give record name
6.	CURRENT RECORD INFORMATION: Complete for Party Information Chang 6a ORGANIZATION'S NAME					
	G. CICORIFECTION O TRAINE					
OR		FIRST PERSO	NAL NAME		AL NAME(S)/INITIAL(S)	SUFFIX
	JOHNSON	CARI		MAR	· <u> </u>	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME	stion Change - provid	de only <u>one</u> name (7a or 7b) (use exact, f	ull name; do not or	nit, modify, or abbreviate any par	t of the Debtor's name)
OB						
OK	76 INDIVIDUAL'S SURNAME JOHNSON					
	INDIVIDUAL'S FIRST PERSONAL NAME CARI					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
7c.	MARIE MAILING ADDRESS	CITY		STATE	POSTAL CODE	TCOUNTRY
21	406 HARPOLD RD	MALIN		OR	97632	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes.	ADD collateral	DELETE collateral	RESTATE co	vered collateral A	SSiGN collateral
	Indicate collateral:					
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PI	rovide only <u>one</u> n	ame (9a or 9b) (name of Assignor,	if this is an Ass	ignment)	
		name of authoriza				
	UNITED STATES OF AMERICA acting t	hrough t	he Farm Service	Agenc	у	
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSO			AL NĀME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA:			_1		<u></u>
	SON RHETT JOHNSON, CARI MARIE J	OHNSC	N			