	بتنككت

## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14060 - FARM CREDIT				
Lien Solutions P.O. Box 29071	73349347				
Glendale, CA 91209-9071	OROR				
1	FIXTURE				
File with: Klamath, OR					

2020-000635 Klamath County, Oregon

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Fee: \$87.00

Glendale, CA 91	209-9071	OROR			
1		FIXTURE			
	File with Minnest OD		TUE 4 DOVE 4 D.	<u> </u>	
12 INITIAL FINANCING STAT	File with: Klamath, OR	<del></del>		CE IS FOR FILING OFFICE U	
	a. INITIAL FINANCING STATEMENT FILE NUMBER  10. This FINANCING STATEMENT AMENDMENT is to be filed (for record)  (or recorded) in the REAL ESTATE RECORDS  File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in it				
TERMINATION: Effective     Statement	reness of the Financing Statement ide	entified above is terminated with	respect to the security interest(s)	of Secured Party authorizing this 1	ermination
ASSIGNMENT (full or partial assignment,	artial): Provide name of Assignee in it complete items 7 and 9 <u>and</u> also indi	tem 7a or 7b, <u>and</u> address of A cate affected collateral in item 8	ssignee in item 7c <u>and</u> name of A	ssignor in item 9	
CONTINUATION: Effect continued for the additional continued for the a	tiveness of the Financing Statement is anal period provided by applicable law	dentified above with respect to	he security interest(s) of Secured	Party authorizing this Continuation	Statement is
5. PARTY INFORMATION	CHANGE:			<del></del> :	
Check one of these two boxes	o: <u>≜</u>	ND Check one of these three box			
This Change affects Deb	tor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	ddress: Complete 'a or 7b <u>and</u> item 7c	e: Complete item DELETE name and item 7c to be deleted it	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFOR	RMATION: Complete for Party Informa	ation Change - provide only one	name (6a or 6b)	<del></del>	
6a. ORGANIZATION'S NAME	,, , , , , , , , , , , , , , , , , , ,	<u> </u>		<u> </u>	
OR CL INDIVIDUAL O CURRENT					
60. INDIVIDUAL S SURNAME		FIRST PERSONA	II, NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
Horsley		Luther		Joe	
	ORMATION: Complete for Assignment or Pa	arty Information Change - provide only s	one name (7a or 7b) (use exact, full name;	do not omit, modify, or abbreviate any part of t	the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
70. INDIVIDUAL 3 SUKINAME					
INDIVIDUAL'S FIRST PER	200014 11445	<del></del>			
INDIVIDUALS FIRST PER	SUNAL NAME				
INDIVIDUAL'S ADDITION	AL MARAE (COURTE AL /C)				
INDIVIDUAL 3 ADDITION	ar ravance(a)khar river(a)				SUFFIX
7c. MAILING ADDRESS		City		Levare I poetal cope	00:00:00
TE MAIGHO ADDRESS		CILT		STATE POSTAL CODE	COUNTRY
-			<del></del>		
	E: Also check one of these four bo	oxes: ADD collateral	DELETE collateral	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:	n.				
Debtor Name and Addres Horsley, Luther Joe - PO	s. Box 209 , Midland, OR 97634	1			
	nan - PO Box 209 , Midland, (				
Congrad Dorby Norma and	Address				
Secured Party Name and FARM CREDIT SERVICE	Address: ES OF AMERICA, PCA - PO B	OX 2409 Omaha NE 68	103		
	39 , Klamath Falls, OR 97603		100		
9. NAME OF SECURED PA	RTY OF RECORD AUTHORIZIN	NG THIS AMENDMENT: Pro	vide only <u>one</u> name (9a or 9b) (na	me of Assignor, if this is an Assignm	nent)
	rized by a DEBTOR, check here	and provide name of authorizing	<del></del>		
9a. ORGANIZATION'S NAME FARM ORFORT SE	EDVICES OF AMEDICA D	CA	<del></del>		
0.0	ERVICES OF AMERICA, P				
96. INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERE	NCE DATA: Debtor Name: Hor	sley, Luther Joe			
73349347	267			151377533	

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOL	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend 4-013080 12/19/2014 CC OR Klamath	iment form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form						
	12a. ORGANIZATION'S NAME					
	FARM CREDIT SERVICES OF AMERICA, PCA					
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX			
				THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
	Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab					n 13): Provide only
	13a. ORGANIZATION'S NAME					
OR	136. INDIVIDUAL'S SURNAME Horsley	FIRST PERSO	ONAL NAME		ADDITIONAL NAME(SYMITTAL(S)  Joe	SUFFIX
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Lution			000	
15.	This FINANCING STATEMENT AMENDMENT:		,	ion of real estate:		
(	covers timber to be cut covers as-extracted collateral is filed as same and address of a RECORD OWNER of real estate described in item 17 if Debtor does not have a record interest):  Ther J Horsley & Candace O Horsley	s a fixture filin	Map T		99-9, Klamath Cour 909-03100-01100-	
18. 1	MISCELLANEOUS: 73349347-OR-35 14060 - FARM CREDIT SERVICES FARM C	CREDIT SERVIC	ES OF	File with: Klamath, OR	267 151377533	