2020-007701 Klamath County, Oregon

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OLLO A. NAM Tiffai B. E-M	FINANCING STATEMENT AMENDMEN OW INSTRUCTIONS JE & PHONE OF CONTACT AT FILER (optional)	-)2000077010020021
A. NAM Tiffai B. E-M/	IE & PHONE OF CONTACT AT FILER (optional)	T 06/24/2020 11:0	98:13 AM Fee: \$87
3. E-M/	N/ H9186196 1581 1884 50/8		
SEN	ny Balderas (541) 883-6924 AIL CONTACT AT FILER (optional)		
	ID ACKNOWLEDGMENT TO: (Name and Address)		
la.	-	- - -	
	JSDA/Farm Service Agency 945 Main Street, Suite 100		
	Clamath Falls, OR 97601		
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	-		CE IS FOR FILING OFFICE USE ONLY
	NTIAL FINANCING STATEMENT FILE NUMBER 8-009276 FILED 08/20/2015	in the REAL ESTATE R	
. [TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to the security interest(s)	of Secured Party authorizing this Termination Statem
i. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 and also indicate affected co		ignor in item 9
i. 🛚	CONTINUATION: Effectiveness of the Financing Statement identified about the additional period provided by applicable law	ove with respect to the security interest(s) of Secured	Party authorizing this Continuation Statement is continuation
• •	ARTY INFORMATION CHANGE: theck <u>one</u> of these two boxes AND Check <u>one</u>	ne of these three boxes to:	
Tr	his Change affects Debtor or Secured Party of Record CHAN		ne: Complete item DELETE name: Give recor to be deleted in item 6a or
68			
	JNITED STATES OF AMERICA action	ng through FARM SERV	
OR 6	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(\$)/INITIAL(\$)
7. <u>Č</u>	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform B ORGANIZATION'S NAME	nation Change – provide only <u>one</u> name (7s or 7b) (use exact, ful	I name: do not omit, modify, or abbreviate any part of the Debtor
L	JNITED STATES OF AMERICA acting	through the Farm Service	Agency
DR 7	b. INDIVIDUAL'S SURNAME		
	INDIVIDUAL'S FIRST PERSONAL NAME		-
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		
c. M	AILING ADDRESS	CITY	STATE POSTAL CODE COUNTR
194	5 MAIN STREET, SUITE 100	KLAMATH FALLS	OR 97603 USA
, _[COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collateral	RESTATE covered collateral ASSIGN colls
	Indicate collateral:		
. г	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collateral	RESTATE covered colleteral AS

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

UCC Financing Statement Addendum - Exhibit A

Parcel 1 of Land Partition 16-13, being a replat of Parcel 1 of Land Partition 14-13 situated in SW1/4 and SE1/4 NW1/4 of Section 33, Township 40 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon recorded November 25, 2013 in Volume 2013-013094, Microfilm Records of Klamath County, Oregon