		2020-009745 Klamath County, Oregon				
ICC FINANCING STATEMENT AMEN	NDMENT	0026336	32020000974	50010017		
NAME & PHONE OF CONTACT AT FILER (optional) iffany Balderas (541) 883-6924		08/06/2020 (	)1:39:16 PM		Fee: \$82.00	
E-MAIL CONTACT AT FILER (optional) tiffany.balderas@usda.gov		_				
SEND ACKNOWLEDGMENT TO: (Name and Address)						
USDA/Farm Service Agency 1945 Main Street, Suite 100	_	7				
Klamath Falls, OR 97601		}				
L	_	THE ADO	/F 00105 to 504			
INITIAL FINANCING STATEMENT FILE NUMBER 019-011793 FILED 10/09/2019		1b. This FINANCIN	VE SPACE IS FOR S STATEMENT AME TATE RECORDS	R FILING OFFICE US NDMENT is to be filed [for	or record] (or rec	
11122 10:00:2010		Filer: attach Ame	ndment Addendum (Fo	rm UCC3Ad) <u>and</u> provide (	Debtor's name in it	
TERMINATION: Effectiveness of the Financing Statemen  ASSIGNMENT (full or partial): Provide name of Assignee i For partial assignment, complete items 7 and 9 and also justice.	in item 7e or 7h and address	-4.4	terest(s) of Secured F	arty authorizing this Ten	mination Statem	
	care enecred consist shill lifetu	18				
CONTINUATION: Effectiveness of the Financing Stateme the additional period provided by applicable law PARTY INFORMATION CHANGE:	nt identified above with respe	ct to the security interest(s) of S	ecured Party authoriz	zing this Continuation Sta	itement is contin	
Charles	AND Check one of these thre			<u> </u>		
This Change affects Debtor or Secured Party of Record	□		ADD name: Complete 7a or 7b, and item 7c		ime: Give record	
CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	formation Change ~ provide of	only one name (6a or 6b)		and to be detect	O II I II II II O II O	
6b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S	SUFFIX	
CHANGED OR ADDED INFORMATION: Complete for Assignmental ORGANIZATION'S NAME	ent or Party Information Change – ;	provide only one name (7a or 7h) (see	event fid name do not o	-3 #4 1) //	<u> </u>	
7a. ORGANIZATION'S NAME		,	exact, for hame, go not o	min, modery, or abbreviate any	part of the Debtor's	
7b. INDIVIDUAL'S SURNAME		<del></del>				
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
COLLATERAL CHANGE: Also check one of these four bo	oxes. ADD colfateral					