

2020-011523  
Klamath County, Oregon



00265405202000115230020021

09/10/2020 02:29:03 PM

Fee: \$87.00

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Tiffany Balderas (541) 883-6924
B. E-MAIL CONTACT AT FILER (optional) tiffany.balderas@usda.gov
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  USDA/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 2015-011265 FILED 10/13/2015	1b. <input type="checkbox"/> 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. <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.
3. <input type="checkbox"/> <b>ASSIGNMENT</b> (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. <input checked="" type="checkbox"/> <b>CONTINUATION:</b> 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. <b>PARTY INFORMATION CHANGE</b> Check one of these two boxes This Change affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of Record	AND Check one of these three boxes: <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b
--	---

6. <b>CURRENT RECORD INFORMATION:</b> 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. <b>CHANGED OR ADDED INFORMATION:</b> 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. <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> Also check one of these four boxes: Indicate collateral: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral
---

9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> 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 <input type="checkbox"/> 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. <b>OPTIONAL FILER REFERENCE DATA:</b> CHEYNE, RODNEY ALVIN ALEXANDER AND NICHELLE MALENE
---

Returned at Counter

# UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Tiffany Balderas (541) 883-6924
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  USDA/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 2015-011265 FILED 10/13/2015	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> 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 boxes AND 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			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHEYNE	RODNEY	ALVIN ALEXANDER	

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			
OR 7b. INDIVIDUAL'S SURNAME			
CHEYNE			
INDIVIDUAL'S FIRST PERSONAL NAME			
RODNEY			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
ALVIN ALEXANDER			

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
14130 MATNEY RD	KLAMATH FALLS	OR	97603	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**  
CHEYNE, RODNEY ALVIN ALEXANDER AND NICHELLE MALENE