INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

COLLATERAL CHANGE: Also check one of these four boxes:

1945 MAIN STREET, SUITE 100

7c. MAILING ADDRESS

Indicate collateral:

**2020-011523**Klamath County, Oregon

00265405202000115230020021	

POSTAL CODE

97601

COUNTRY

**USA** 

ASSIGN collateral

STATE

OR

RESTATE covered collateral

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			09/1	0/2020 02	:29:03 PM			Fee: \$87.00
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)								
LICDA/Farm Carries Assault								
USDA/Farm Service Agency	' <b>!</b>							
1945 Main Street, Suite 100								
Klamath Falls, OR 97601								
1								
L			TUE	ADOVE CO	ACE 18 EOB E	ILING OFFICE	HEE O	MI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER	15.	$\Box$						cord] (or recorded)
2015-011265 FILED 10/13/2015			in the RE	AL ESTATE	RECORDS	UCC3Ad) and provi		•
2. TERMINATION: Effectiveness of the Financing Statement identified above is to	erminated wit	h respect	to the sec	urity interest(s	a) of Secured Part	ly authorizing this	Termina	tion Statement
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and	address of As					y doctronizing this	TOTALIA	CON Statement
For partial assignment, complete items 7 and 9 and also indicate affected collatera	in item 8							
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above we the additional period provided by applicable law</li> </ol>	th respect to	the securi	ty interest	(s) of Secured	Party authorizing	g this Continuation	Statem	ent is continued for
5. PARTY INFORMATION CHANGE:								
Check one of these two boxes  AND Check one of the CHANGE re			vmnlete	ADD no	arne: Complete it	om — DELET	F	Ci
This Change affects Debtor or Secured Party of Record Litem 6a or 6b	<u>; and</u> item 7a	or 7b and	titem 7c		b, and item 7c			Give record name item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change –  6a. ORGANIZATION'S NAME	provide only g	ne name	(6a or 6b)					
UNITED STATES OF AMERICA acting	through	ah F	ARM	SER	VICE AC	GENCY		
	RST PERSÖ					L NAME(S)/INITIA	L(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information C	hange – provid	e only <u>one</u> r	ame (7e or	7b) (use exact, f	ull name; do not omit	, modify, or abbreviat	e any part	of the Debtor's name)
THE ORGANIZATION S HAME								
UNITED STATES OF AMERICA acting thr	ougn	HE F	arm -	Service	a Agency	<u>y</u>		
INDIVIDUAL'S FIRST PERSONAL NAME								

9.		rrovide only <u>one</u> name (9a or 9b) (name of Assignor, if name of authorizing DEBTOR	this is an Assignment)				
	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		<del></del>	<del></del> _			

ADD collateral

**KLAMATH FALLS** 

DELETE collateral

_						
114	CC FINANCING STATEMENT AMENDMEN	т				
	LLOW INSTRUCTIONS	•				
A !	NAME & PHONE OF CONTACT AT FILER (optional)		7			
	ffany Balderas (541) 883-6924  E-MAIL CONTACT AT FILER (optional)	·				
	-MAIL CONTACT AT FILER (optionar)		ı			•
C. :	SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>	Ⅎ			
		_				
	USDA/Farm Service Agency					
	1945 Main Street, Suite 100					
	Klamath Falls, OR 97601					
	,					
1a.	INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SP	ACE IS FOR	FILING OFFICE USE	ONLY
	15-011265 FILED 10/13/2015	]	in the REAL ESTATE F	RECORDS	IDMENT is to be filed (for r	
_	<del></del>		<u> </u>		m UCC3Ad) <u>and</u> provide Deb	
2. 3.	TERMINATION: Effectiveness of the Financing Statement identified above					nation Statement.
J.	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 colli-	<u>and</u> address of ateral in item 8	Assignee in item 7c <u>and</u> name of Ass	signor in item 9	•	
4.	CONTINUATION: Effectiveness of the Financing Statement identified above		to the security interest(s) of Secured	Party authoriz	ing this Continuation State	ment is continued for
5.	the additional period provided by applicable law PARTY INFORMATION CHANGE:		<del></del>		-	
	Check <u>one</u> of these two boxes AND Check <u>one</u>					
	This Change affects Debtor or Secured Party of Record Litem 6a of	E name and/or or 6b; <u>and</u> item	7a or7banditem 7c L.∟. 7a or7b	me: Complete o, and item 7c		e: Give record name in item 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information Changes ORGANIZATION'S NAME	je – provide on	y <u>one</u> name (6a or 6b)			
	ON CHARLEST TOTA STRAME					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	Leuceiv
	CHEYNE	RODI			N ALEXANDER	SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa  TO ORGANIZATION'S NAME					
	7a. ORGANIZATION'S NAME		* The state of the	is name, do not o	mit. motary, or according to pr	ert or the Deptor's name)
OR	7b. INDIVIDUAL'S SURNAME					
OIX	CHEYNE			-	·	
	INDIVIDUAL'S FIRST PERSONAL NAME				<del></del>	·
	RODNEY					
	INDIVIDUAL'S ADDITIONAL NAME(S)(INITIAL(S)  ALVIN ALEXANDER					
7c.	MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	TETATE	LEGETAL CODE	Looungas
14	130 MATNEY RD	_	ATH FALLS	OR	POSTAL CODE 97603	USA
8.				JOIN	37000	037
0.	COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral:	DD collateral	DELETE collateral	RESTATE ∞	vered collateral	SSIGN collateral
	madele collateral.					
	•					
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Pro	ovide only <u>one</u>	name (9a or 9b) (name of Assignor, in	fthis is an Ass	griment)	
		ame of authoriz			- · ·	
	UNITED STATES OF AMERICA acting	throug	h the Farm Sondo	- Aaa-	10V	
OR	96. INDIVIDUAL'S SURNAME	FIRST PERS			ICY AL NAME(S)/INITIAL(S)	SUFFIX
					.c.ame(o)//introce(o)	JOURTA
	OPTIONAL FILER REFERENCE DATA:				<del></del> .	<del></del>
CH	EYNE, RODNEY ALVIN ALEXANDER AN	ND NIC	HELLE MALENE			
404 F	ILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT	(FORM UCC	3) (Rev. 06/13)		<u> </u>	