2021-018870 Klamath County, Oregon

12/21/2021 12:05:05 PM

Fee: \$92.00

UCC FINANCING STAT	EMENT AMENDMENT
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FOLLOW INSTRUCTIONS	12/21/202	1 12:05:05 PM Fee. \$52.00
A. NAME & PHONE OF CONTACT AT FILER (optional) JOSIE ROSS 541-883-6924		
B. E-MAIL CONTACT AT FILER (optional)		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
USDA/FARM SERVICE AGENCY	7	
1945 MAIN STREET, SUITE 100	1	
KLAMATH FALLS, OR 97601		
TEMINATION, OR 07001		
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1a. INITIAL FINANCING STATEMENT FILE NUMBER	T THE SHANDING STA	PACE IS FOR FILING OFFICE USE ONLY TEMENT AMENDMENT is to be filed [for record] (or recorded)
2017-004466	in the REAL ESTATE	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to the security interest	s) of Secured Party authorizing this Termination Statement
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, an		
For partial assignment, complete items 7 and 9 and also indicate affected collate	eral in item 8	·
4. CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law	with respect to the security interest(s) of Secure	d Party authorizing this Continuation Statement is continued for
PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these two boxes	of these three boxes to:	
	name and/or address: Complete ADD r	name: Complete item DELETE name: Give record name
This Change affects Debtor or Secured Party of Record Item 6a or 6. CURRENT RECORD INFORMATION: Complete for Party Information Change		7b, and item 7c L
6a. ORGANIZATION'S NAME		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
IPARRISH	JOHN	CLAUDE
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information		32 (332
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME PARRISH INDIVIDUAL'S FIRST PERSONAL NAME JOHN		32 (332
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME PARRISH INDIVIDUAL'S FIRST PERSONAL NAME JOHN INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) CLAUDE	on Change – provide only <u>one</u> name (7a or 7b) (use exact.	full name; do not omit, modify, or abbreviate any part of the Debtor's name)
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME PARRISH INDIVIDUAL'S FIRST PERSONAL NAME JOHN INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) CLAUDE 7c. MAILING ADDRESS 34568 HIGHWAY 50	on Change – provide only <u>one</u> name (7a or 7b) (use exact	state Postal Code Country OR 97632 USA
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JO	AME & PHONE OF CONTACT AT FILER (optional) SIE ROSS 541-883-6924					
B. E-	MAIL CONTACT AT FILER (optional)					
Ç. SI	END ACKNOWLEDGMENT TO: (Name and Address)					
İ	USDA/FARM SERVICE AGENCY	\neg				
	1945 MAIN STREET, SUITE 100	1				
	KLAMATH FALLS, OR 97601					
		1				
					FILING OFFICE USE (
1a. 20	INITIAL FINANCING STATEMENT FILE NUMBER 17-004466	11	in the REAL ESTATE RE	CORDS	OMENT is to be filed [for re UCC3Ad) <u>and</u> provide Debte	
2.	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated w	ith respect to the security interest(s)	of Secured Pa	rty authorizing this Termina	ation Statement.
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected colla		ssignee in item 7c <u>and</u> name of Assig	gnor in item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law	e with respect to	the security interest(s) of Secured P	arty authorizir	g this Continuation Statem	ent is continued for
5.	PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one	of these three b	ooxes to			
	- -		address: Complete ADD nam	ne: Complete and item 7c	to be deleted in	: Give record name nitem 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information Changles ORGANIZATION'S NAME			_		-
OR	66. INDIVIDUAL'S SURNAME PARRISH	SARA		LYNN	AL NAME(S)/INITIAL(S)	SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat 7a. ORGANIZATION'S NAME	tion Change - prov	ide only <u>one</u> name (7a or 7b) (use exact, full	name; do not on	it, modify, or abbreviate any par	t of the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME					
OI.	PARRISH					
	INDIVIDUAL'S FIRST PERSONAL NAME SARAH					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
34	568 HIGHWAY 50	MALIN		OR	97632	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	DD collateral	DELETE collateral	RESTATE co	vered collateral A	SSIGN collateral
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Pr	ovide only <u>one</u> i	name (9a or 9b) (name of Assignor, if	this is an Assi	gnment)	
		name of authoriz				
	UNITED STATES OF AMERICA acting the				·	
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA:	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·	
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UC	C FINANCING STATEMENT AMENDMENT					
FOL	LOWINSTRUCTIONS	_				
	AME & PHONE OF CONTACT AT FILER (optional) SIE ROSS 541-883-6924					
B. E	MAIL CONTACT AT FILER (optional)	1				
C. S	END ACKNOWLEDGMENT TO: (Name and Address)					
	USDA/FARM SERVICE AGENCY					
	1945 MAIN STREET, SUITE 100					
	KLAMATH FALLS, OR 97601					
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		THE ABOVE OR	ACE IS EOD	FILING OFFICE USE (ANI V	
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STAT	EMENT AMEN	DMENT is to be filed [for re		
20	17-004466	- In the REAL ESTATE F		n UCC3Ad) <u>and</u> provide Debt	or'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 Pa	arty authorizing this Termina	ation Statement.	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of		signor in item 9	· -		
4.	For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 6 CONTINUATION: Effectiveness of the Financing Statement identified above with respec		Party authorizi	ng this Continuation Statem	nent is continued for	
5.	the additional period provided by applicable law PARTY INFORMATION CHANGE:					
•	Check <u>one</u> of these two boxes <u>AND</u> Check <u>one</u> of these three					
	This Change affects Debtor or Secured Party of Record Eltem 6a or 6b; and item	or address: Complete ADD na n 7a or 7b <u>and</u> item 7c 7a or 7b	ime: Complete o, <u>and</u> item 7c	item DELETE name to be deleted in	: Give record name hitem 6a or 6b	
6.	CURRENT RECORD INFORMATION: Complete for Party Information Change – provide of Ga. ORGANIZATION'S NAME	nly <u>one</u> name (6a or 6b)		- .		
	UNITED STATES OF AMERICA acting thro	ugh Farm Servic	e Ager	су		
OR		SONAL NAME		AL NAME(S)/INITIAL(S)	SUFFIX	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – p 7a. ÖRGANIZATION'S NAME	ovide only <u>one</u> name (7a or 7b) (use exact, fo	ull name; do not or	nit, modify, or abbreviate any par	t of the Debtor's name)	
	UNITED STATES OF AMERICA acting through Farm Service Agency					
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
			· · · · · · · · · · · · · · · · · · ·			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c.	MAILING ADDRESS CITY		STATE	POSTAL CODE	COUNTRY	
19	45 MAIN STREET, SUITE 100 KLAN	1ATH FALLS	OR	97601	USA	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	DELETE collateral	RESTATE co	vered collateral A	SSIGN collateral	
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only on	e name (9a or 9b) (name of Assignor,	if this is an Ass	ignment)	···	
	If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized Dean ORGANIZATION'S NAME	rizing DEBTOR				
	UNITED STATES OF AMERICA acting through	the Farm Service	Agenc	y		
OR		SONAL NAME		AL NAME(S)/INITIAL(S)	SUFFIX	
15	ODZIOWA SILED DESCRIPTION OF STATE					
	OPTIONAL FILER REFERENCE DATA: IRRISH, JOHN AND SARAH					

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