

2022-001716

Klamath County, Oregon

02/10/2022 08:39:01 AM

Fee: \$92.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14060 - FARM CREDIT
Lien Solutions P.O. Box 29071	84807301
Glendale, CA 91209-9071	OROR
1	FIXTURE
File with: Klamath, OR	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2022-001204 0 0 1/28/2022 CC OR Klamath	

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14060 - FARI	M CREDIT				
Lien Solutions 84807	7301				
P.O. Box 29071	•				
Glendale, CA 91209-9071 OROF	_				
FIXTU	JRE _I				
File with: Klamath, OR		THE ABOVE	SPACE IS FO	OR FILING OFFICE	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S (or recorded) in the	TATEMENT AM	ENDMENT is to be file	ed [for record]
2022-001204 0 0 1/28/2022 CC OR Klamath		Filer: <u>attach</u> Amendme	ent Addendum (For	m UCC3Ad) and provide	Debtor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement identified above i Statement 	is terminated witl	n respect to the security inte	rest(s) of Secure	ed Party authorizing th	is Termination
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 or			e of Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to	the security interest(s) of Se	cured Party aut	norizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	of these three bo IGE name and/or	address: CompleteAD	D name: Comple		ame: Give record name
			or 7b, <u>and</u> item 7	c to be delet	ed in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Change - 6a. ORGANIZATION'S NAME 	- provide only <u>one</u>	e name (6a or 6b)			
MOXLEY BROS FARMS					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	ango provido only	one name (7a or 7h) (use avact ful	I nama: do not amit	modify or abbroviate any na	rt of the Dahter's name)
7a. ORGANIZATION'S NAME	lange - provide only	one name (74 of 76) (ase exact, for	riane, de not onik,	riodity, or abbreviate any par	n or the Debtor's Harney
Moxley Bros. Farms					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
THE PROPERTY OF THE PARTY OF TH					COTTIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
5303 Bliss Rd	Bonanza		OR	97623	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:					
Debtor Name and Address: Moxley Bros. Farms - 5303 Bliss Rd , Bonanza, OR 97623					
Moxley, Nicholas Gordon - 13100 Egert Rd , Dairy, OR 97625					
Moxley, Samuel Delmar - 5303 Bliss Rd , Bonanza, OR 97623					
Secured Party Name and Address:					
FARM CREDIT SERVICES OF AMERICA, PCA - PO BOX 2409, J W Kerns Inc - 4360 Hwy 39. Klamath Falls, OR 97603	OMAHA, NE	68103			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI If this is an Amendment authorized by a DEBTOR, check here and provide in	ENDMENT: Pr name of authorizi		9b) (name of As:	signor, if this is an Assi	gnment)
9a. ORGANIZATION'S NAME					
FARM CREDIT SERVICES OF AMERICA, PCA					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Moxley Bros. F 84807301 AGDIRECT- 267	arms			3354095756429	

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282



 INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 2022-001204 0 0 1/28/2022 CC OR Klamath 	1a on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same a	s item 9 on Amendment form		
12a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AMERICA, P	CA		
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
 Name of DEBTOR on related financing statement (Name of a cui one Debtor name (13a or 13b) (use exact, full name; do not omit 		purposes only in some filing offices - see Instruction item	
13a. ORGANIZATION'S NAME MOXLEY BROS FARMS			
DR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	<u> </u>	•	
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
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17. Description of real estate:

2021 Valley 7000 VFLEX Corner System 15016868:

Map # 3811-V3500-00900
The N1/2 of the SW1/4 and the South 577.5
feet of the S1/2 of the NW1/4 of Section 35
Township 38 South, Range 11 1/2 East of the
Willamette Meridian, in the County of Klamath,
State of Oregon

[See Exhibit for Real Estate]

18. MISCELLANEOUS: 84807301-OR-35 14060 - FARM CREDIT SERVICES

FARM CREDIT SERVICES OF

File with: Klamath, OR

AGDIRECT- 267 3354095756429



Debtor: Moxley Bros. Farms

Exhibit for Real Estate

17. Description of real estate: Continued

2021 Valley 7000 VFLEX Corner System 15016869: Map # 3811-V3400-00600 The S1/2 of the NE1/4 and the N1/2 of the NW1/4 of the SE1/4 of Section 34, Township 38 South, Range 11 1/2 East of the Willamette Meridian, in the County of Klamath, State of Oregon.

