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## 2022-011834

Klamath County, Oregon

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	00300907202200118340010018			
UCC FINANCING STATEMENT AMENDME	10/03/2022 10:10:15 AM		Fee: \$82.0	
OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)		7		
JOSIE ROSS 541-887-3513				
B. E-MAIL CONTACT AT FILER (optional)  JOSIE.ROSS@USDA.GOV				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1	_	
FARM SERVICE AGENCY 1945 MAIN STREET, SUITE 100				
KLAMATH FALLS, OR 97601				
L		THE AROVA	E SPACE IS FOR FILING OFFICE U	ISE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER			STATEMENT AMENDMENT is to be filed	
2018-002042		(or recorded) in the	REAL ESTATE RECORDS nent Addendum (Form UCC3Ad) and provide	Debtor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified Statement</li> </ol>	above is terminated	with respect to the security	interest(s) of Secured Party authorizing	this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 <u>and</u> also indicate affec			name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respe	ct to the security interest(s)	of Secured Party authorizing this Contin	nuation Statement is
S. PARTY INFORMATION CHANGE:	L A			
	k <u>one</u> of these three CHANGE name and/o		DD name: Complete itemDELETE na	ame: Give record name
This Change affects Debtor or Secured Party of record it	em 6a or 6b; and item	7a or 7b <u>and</u> item 7c7a		ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - provide on	y <u>one</u> name (6a or 6b)	1	
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSO	NAIAI NIAAAT	ADDITIONAL NAME(S)/INITIAL(	S)   SUFFIX
SAY	KENN		JAMES	3)
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In:	formation Change - provid	e only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME			<u> </u>	
7b. INDIVIDUAL'S SURNAME			<u> </u>	
70. HADIVIDUALS SURIVAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
	<i>-</i>		, ,	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		1		SUFFIX
c. MAILING ADDRESS	CITY	_	STATE POSTAL CODE	COUNTRY
	3 6			
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THI	S AMENDMENT:	Provide only one name (9a o	or 9b) (name of Assignor, if this is an Assig	gnment)
If this is an Amendment authorized by a DEBTOR, check here and prov	vide name of authoriz			
9a. ORGANIZATION'S NAME UNITED STATES OF AMERICA acting	a through t	he Farm Sarvice	e Agency	
9b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIONAL NAME(S)/INITIAL(	S) SUFFIX
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