

JOHNSON, NICHOLAS & JORDAN

2023-007299 Klamath County, Oregon

00319058202300072000030022

UCC FINANCING STATEMENT AMENDMEN	Τ	08/25/2	023 10:15:12	: AM	Fee: \$92.0
FOLLOW INSTRUCTIONS		1			
A. NAME & PHONE OF CONTACT AT FILER (optional) JOSIE ROSS 541-887-3513					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
USDA/FARM SERVICE AGENCY					
1945 MAIN STREET, SUITE 100	1				
KLAMATH FALLS, OR 97601					
11	ı				
	<u></u>			R FILING OFFICE U	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018-010786		b. This FINANCING S (or recorded) in the	KEAL ESTATE	ENDMENT is to be filed RECORDS m UCC3Ad) <u>and</u> provide [
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w				
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 co			name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect	to the security interest(s)	of Secured Party	authorizing this Contin	uation Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two hoves: AND Check one			DD name: Comple	to item DELETE es	me: Give record name
		a or 7b <u>and</u> item 7c 7a	or 7b, and item 7		d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change [6a. ORGANIZATION'S NAME]	ge - provide only g	one name (6a or 6b)			
UNITED STATES OF AMERICA ACTING	G THRO	UGH THE FAI	RM SERV	ICE AGENO	CY
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ta. ORGANIZATION'S NAME 	on Change - provide o	nly <u>one</u> name (7a or 7b) (use exac	ct, full name; do not or	nit, modify, or abbreviate any p	part of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME	G THRO	JGH THE FAI	RM SERV	ICE AGENO	CY

INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)					SUFFIX
(-)					
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1945 MAIN STREET, SUITE 100	KLAMA	TH FALLS	OR	97601	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral [DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide n	MENDMENT: P ame of authorizin		r 9b) (name of As	signor, if this is an Assig	nment)
9a. ORGANIZATION'S NAME			M CEPT	HOR ACEN	
UNITED STATES OF AMERICA ACTING	FIRST PERSON			VICE AGENC	
BU. INDIVIDUAL S SURIVAME	ILINOI PERSON	UF HAINE	1	TALL TOMIC (S)/HATTAL(S	,
10. OPTIONAL FILER REFERENCE DATA:	l		<u> </u>		

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UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
JOSIE ROSS 541-887-3513 B. E-MAIL CONTACT AT FILER (optional)		1			
C. SEND ACKNOW! EDCMENT TO: (Name and Address)		_			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) USDA/FARM SERVICE AGENCY	\neg				
1945 MAIN STREET, SUITE 100	ŀ	1			
KLAMATH FALLS, OR 97601					
		THE ABOVE	004051050	- FIL ING OFFICE LIST	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING ST	TATEMENT AME	NDMENT is to be filed [for	
2018-010786			ent Addendum (For	n UCC3Ad) and provide Deb	
2. TERMINATION: Effectiveness of the Financing Statement identified : Statement	above is terminated	with respect to the security i	nterest(s) of Sec	ured Party authorizing th	is Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect			ame of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identifier continued for the additional period provided by applicable law	d above with respec	t to the security interest(s) o	of Secured Party	authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	cone of these three b HANGE name and/or em 6a or 6b; and item	address: CompleteAD	D name: Comple or 7b, and item 7c		: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information C					
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME JOHNSON	NICHO		ADDITION RYA	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide	only one name (7a or 7b) (use exac	t, full name; do not on	it, modify, or abbreviate any par	of the Debtor's name)
7b. INDIVIDUAL'S SURNAME JOHNSON					
INDIVIDUAL'S FIRST PERSONAL NAME					
NICHOLAS INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
RYAN					
7c. MAILING ADDRESS 3400 LOWER KLAMATH LAKE RD	KI AM	ATH FALLS	STATE OR	97603	COUNTRY
	ADD collateral	DELETE collateral	_	overed collateral	ASSIGN collateral
Indicate collateral:	7,55 00,10,0,10				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE		•	9b) (name of As	ignor, if this is an Assign	nent)
If this is an Amendment authorized by a DEBTOR, check here and prov	ride name of authorizi	ng Debtor			
9a. ORGANIZATION'S NAME					
UNITED STATES OF AMERICA ACT	ING THRO				
				TICE AGENC	SUFFIX
UNITED STATES OF AMERICA ACT	ING THRO				

A. NAME & PHONE OF CONTACT AT FILER (optional) JOSIE ROSS 541-887-3513				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	s)			
USDA/FARM SERVICE AGENCY 1945 MAIN STREET, SUITE 100 KLAMATH FALLS, OR 97601				
L	_	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018-010786		(or recorded) in the	TATEMENT AMENDMENT is to be filed [for REAL ESTATE RECORDS] ant Addendum (Form UCC3Ad) and provide Details.	•
TERMINATION: Effectiveness of the Financing Statement	ent identified above is terminate	with respect to the security i	interest(s) of Secured Party authorizing th	is Terminatio
		of Assignee in item 7c and n	ame of Assignor in item 9	
 ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 <u>and</u> also it 				
For partial assignment, complete items 7 and 9 and also it 4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable 5. PARTY INFORMATION CHANGE: Check one of these two boxes:	ment identified above with respect law AND Check one of these three	to the security interest(s) o	DD name: Complete item DELETE name	: Give record
For partial assignment, complete items 7 and 9 and also it 4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable 5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party of a. ORGANIZATION'S NAME	ment identified above with respiration AND Check one of these three CHANGE name and/ item 6a or 6b; and ite y Information Change - provide or	to to the security interest(s) of the security interest(s) of the security interest(s) of the security interest (s) of the security		: Give record
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For partial assignment, complete items 7 and 9 and also it 4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable 5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Particle and Organization's Name OR 6b. INDIVIDUAL'S SURNAME YARBRO 7. CHANGED OR ADDED INFORMATION: Complete for Assignation or Complete for Assignation of Complete for Assignation or Complete for As	AND Check one of these three CHANGE name and/ Item 6a or 6b; and ite y Information Change - provide or FIRST PERS JORD	boxes to: address: Complete 17a or 7b and item 7c y one name (6a or 6b)	DD name: Complete item DELETE name or 7b, <u>and</u> item 7c to be deleted in ADDITIONAL NAME(S)/INITIAL(S)	: Give record item 6a or 6
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10. OPTIONAL FILER REFERENCE DATA:

JOHNSON, NICHOLAS & JORDAN

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)