2024-001303 Klamath County, Oregon

00225226202400042020040046	

00325236202400013030010016

UCC FINANCING STATEMENT AMENDATE FOLLOW INSTRUCTIONS	MENT	02/20/202	4 01:25:15 P	М	Fee: \$82.00
A. NAME & PHONE OF CONTACT AT FILER (optional)		7			
JOSIE MCCARTY 541-883-3513 B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
KLAMATH COUNTY FARM SERVICE AC 1945 MAIN STREET, SUITE 100	GENCY _	1			
KLAMATH FALLS, OR 97601					
L		THE ABOVE	SPACE IS FO	R FILING OFFICE U	ISE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2019-002279		(or recorded) in the	REAL ESTATE F	NDMENT is to be filed RECORDS m UCC3Ad) <u>and</u> provide	
TERMINATION: Effectiveness of the Financing Statement identification Statement	ied above is terminate	d with respect to the security	interest(s) of Sec	ured Party authorizing	this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate at			ame of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above with resp	ect to the security interest(s)	of Secured Party	authorizing this Contin	nuation Statement is
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 Information	item 6a or 6b; and ite	or address: Complete AL m 7a or 7b <u>and</u> item 7c 7a	OD name: Comple or 7b, <u>and</u> item 70	te item DELETE na	ame: Give record name ad in item 6a or 6b
6a. ORGANIZATION'S NAME					
OR 65. INDIVIDUAL'S SURNAME NEESE	FIRST PERS	ONAL NAME		NAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Change - prov	ide only <u>one</u> name (7a or 7b) (use exac	t, full name; do not on	nit, modify, or abbreviate any	part of the Debtor's name)
75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u> </u>	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT	Provide only one name (9a o	r 9h) (name of Ass	signor, if this is an Assis	anment)
_	provide name of autho	· — ·	oo, (name or rec		
UNITED STATES OF AMERICA AC	TING THR	OUGH THE FAR	RM SERV	ICE AGEN	CY
OR 96. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				-	

NEESE, BRYN SUMMER