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UCC FINANCING STATEMENT AMENDMENT 05/31/2024 01:51:37 PM Fee: \$87.00 **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) **JOSIE MCCARTY 541-887-3513** B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) KLAMATH COUNTY FARM SERVICE AGENCY 1945 MAIN STREET, SUITE 100 **KLAMATH FALLS, OR 97601** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 2019-009629 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is 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, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) RAY DANIEL HUMPHREY 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME HUMPHREY INDIVIDUAL'S FIRST PERSONAL NAME DANIEL INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX RAY POSTAL CODE 7c. MAILING ADDRESS STATE COUNTRY 29111 MICKA ROAD **MALIN** OR 97632 USA COLLATERAL CHANGE: Also check one of these four boxes: ASSIGN collateral ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral:

2024-004371

Klamath County, Oregon

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	NAME OF SECURED PARTY OF RECORD AUTI If this is an Amendment authorized by a DEBTOR, check he	HORIZING THIS AMENDMENT: Provide only one name (9a or ere and provide name of authorizing Debtor	r 9b) (name of Assignor, if this is an Assignmer	nt)					
	9a. ORGANIZATION'S NAME			-					
	UNITED STATES OF AMERICA ACTING THROUGH THE FARM SERVICE AGENCY								
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
10.	OPTIONAL FILER REFERENCE DATA:	<del></del>							

**HUMPHREY, DANIEL RAY & MICHELE NICOLE** 

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

JCC FINANCING STATEMENT AMENDME					
OLLOW INSTRUCTIONS		1			
A. NAME & PHONE OF CONTACT AT FILER (optional)  JOSIE MCCARTY 541-887-3513					
B. E-MAIL CONTACT AT FILER (optional)		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
KLAMATH COUNTY FARM SERVICE AGE	NCY				
1945 MAIN STREET, SUITE 100	•				
KLAMATH FALLS, OR 97601					
		THE ABOVE S	DACE IS EC	R FILING OFFICE	IISE ONI V
a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA	TEMENT AM	NDMENT is to be file	
2019-009629			Addendum (Fo	m UCC3Ad) and provide	Debtor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified a Statement</li> </ol>	above is terminated v	vith respect to the security in	terest(s) of Se	cured Party authorizin	ig this Termination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect</li> </ol>			ne of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of	Secured Party	authorizing this Cont	inuation Statement is
5. PARTY INFORMATION CHANGE:	<u>-</u>				
	k <u>one</u> of these three bo HANGE name and/or a em 6a or 6b; <u>and</u> item i		name: Comple		name: Give record name
This Change affects Debtor or Secured Party of record it is  CURRENT RECORD INFORMATION: Complete for Party Information of			7b, <u>and</u> item 7	c to be delet	ted in item 6a or 6b
6a. ORGANIZATION'S NAME	,				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
HUMPHREY	MICHE	LE	NIC	OLE	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info Tra. ORGANIZATION'S NAME	ormation Change - provide	only one name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate an	y part of the Debtor's name)
76. INDIVIDUAL'S SURNAME HUMPHREY					
INDIVIDUAL'S FIRST PERSONAL NAME					
MICHELE				<u></u>	•
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  NICOLE					SUFFIX
C. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
29111 MICKA ROAD	MALIN		OR	97632	USA
	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:					
		Provide only <u>one</u> name (9a or 9	b) (name of As	ssignor, if this is an Ass	signment)
NAME OF SECURED PARTY OF RECORD AUTHORIZING THI     If this is an Amendment authorized by a DEBTOR, check here and prov		ng Debtor			
If this is an Amendment authorized by a DEBTOR, check here and prove a. ORGANIZATION'S NAME	ride name of authorizio		Na Oppo	MOD ACES	IOV
If this is an Amendment authorized by a DEBTOR, check here and proven a ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACT	ING THRO	UGH THE FAR			
If this is an Amendment authorized by a DEBTOR, check here and proven a ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACT	ride name of authorizio	UGH THE FAR		VICE AGEN	