



08/01/2024 03:28:27 PM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT

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) <div><div>USDA/FARM SERVICE AGENCY</div><div>1945 MAIN STREET, SUITE 100</div><div>KLAMATH FALLS, OR 97601</div></div> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|---|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 2019-013583 | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach Amendment Addendum (Form UCC3Ad)</u> and provide Debtor's name in item 13 |
|---|---|

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ 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:
Check one of these two boxes: AND Check one of these three boxes to:
This Change affects ☐ Debtor or ☐ Secured Party of record ☒ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

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 SOUZA | FIRST PERSONAL NAME CLAYTON | ADDITIONAL NAME(S)/INITIAL(S) GERALD | SUFFIX |

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 | | | | |
| OR | 7b. INDIVIDUAL'S SURNAME SOUZA | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME CLAYTON | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) GERALD | | | SUFFIX |

| | | | | |
|--|----------------------|--------------------|-----------------------------|-----------------------|
| 7c. MAILING ADDRESS 17437 HARPOLD ROAD | CITY MALIN | STATE OR | POSTAL CODE 97632 | COUNTRY USA |
|--|----------------------|--------------------|-----------------------------|-----------------------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|--------|
| If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | |
| 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:

SOUZA, CLAYTON

Returned at Counter

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2019-013583

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AND Check one of these three boxes to:

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☐ **ADD** name: Complete item 7a or 7b, and item 7c

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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

CAHILL

FIRST PERSONAL NAME

JACQUELINE

ADDITIONAL NAME(S)/INITIAL(S)

TERRECE

SUFFIX

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)

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OR

7b. INDIVIDUAL'S SURNAME

CAHILL

INDIVIDUAL'S FIRST PERSONAL NAME

JACQUELINE

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

TERRECE

SUFFIX

7c. MAILING ADDRESS

17437 HARPOLD ROAD

CITY

MALIN

STATE

OR

POSTAL CODE

97632

COUNTRY

USA

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If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

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

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SOUZA, CLAYTON

International Association of Commercial Administrators (IACA)