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2024-009434

Klamath County, Oregon



C FINANCING STATEMENT AMENDMI	IN I	10/29/2024 03:40:33 PM	Fee: \$87
LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)			
IOSIE MCCARTY 541-887-3513			
E-MAIL CONTACT AT FILER (optional)			
SEND ACKNOWLEDGMENT TO: (Name and Address)	-		
USDA/FARM SERVICE AGENCY 1945 MAIN STREET, SUITE 100 KLAMATH FALLS, OR 97603	1		
KLAWATH PADES, OK.	1 1		
		THE ABOVE SPACE IS FOR FILING OFFI	ce USE ONLY e filed [for record]
INITIAL FINANCING STATEMENT FILE NUMBER	1b. 🗾	This FINANCING STATEMENT AMENDMENT is to be or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and pr	mvide Debtor's name in item 1
	1 1	Ties attach Amendment Addendum (Form Cook of Mars Fr	orizing this Termination
015-000552 TERMINATION: Effectiveness of the Financing Statement identifications.			
Statement ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af	7a or 7b, <u>and</u> address of Assign fected collateral in item 8	ee in item 7c <u>and</u> name of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate at CONTINUATION: Effectiveness of the Financing Statement identification and fitting period provided by applicable law	tified above with respect to the	security interest(s) of Secured Party authorizing this	Continuation Statement is
CONTINUATION: Effectiveness of the Financing Statement desired continued for the additional period provided by applicable law			
✓ PARTY INFORMATION CHANGE:	the share have to		-
Check one of these two boxes:	heck one of these three boxes to: CHANGE name and/or address		ETE name: Give record nar e deleted in item 6a or 6b
Secured Party of record	litem 6a or 6b; and item 7a or 75	and item 70	
This Change affects	on Change - provide only one na	110 (02 3. 03)	
6a. ORGANIZATION'S NAME		1000	NITIAL(S) SUFFIX
R 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITIONAL NAME(S)/II RHETT	VITIAL(S)
JOHNSON CHANGED OR ADDED INFORMATION: Complete for Assignment or Page 1987.	JASON		Debtor's par
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S SURNAME JOHNSON INDIVIDUAL'S FIRST PERSONAL NAME JASON			SUFFIX
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JOHNSON INDIVIDUAL'S FIRST PERSONAL NAME JASON INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) RHETT	СПУ	STATE POSTAL COL	DE COUNTRY
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10. OPTIONAL FILER REFERENCE

C EINANCING STATEMENT AWILDO	MENT				
C FINANCING STATEMENT AMENDI					
NAME & PHONE OF CONTACT AT FILER (optional) IOSIE MCCARTY 541-887-3513					
E-MAIL CONTACT AT FILER (optional)					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
USDA/FARM SERVICE AGENCY	71				
1945 MAIN STREET, SUITE 100					
KLAMATH FALLS, OR 97603					
		THE ABOV	E SPACE IS FOR	FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT FILE NUMBER	11	b. This FINANCING	STATEMENT AMEN	OMENT is to be filed [for CORDS	or record)
04 F 000FF3		Filer attach Amend	ment Addendum (Form	UCC3Ad) and provide be	nis Termination
TERMINATION: Effectiveness of the Financing Statement idea Statement					
D. idease of Assignee in it	tem 7a or 7b, and address of	Assignee in item 7c and	name of Assignor in	item 9	
ASSIGNMENT (full or partial): Provide name of Assignment For partial assignment, complete items 7 and 9 and also indicate CONTINUATION: Effectiveness of the Financing Statement:					ation Statement is
CONTINUATION: Effectiveness of the Financing Statement of continued for the additional period provided by applicable law	identified above with respect		<u> </u>		
TA INFORMATION CHANGE		was to:			
Check one of these two boxes:	Check one of these three bo CHANGE name and/or a item 6a or 6b; and item 7	Adress Complete	ADD name: Complete 7a or 7b, and item 7c	item DELETE nam to be deleted	ne: Give record name in item 6a or 6b
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Infor					
6a. ORGANIZATION'S NAME					
B	FIRST PERSON	IAL NAME		AL NAME(S)/INITIAL(S) SUFFIX
R 6b. INDIVIDUAL'S SURNAME JOHNSON	CARI		MAF	RIE	
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