2024-011274

Klamath County, Oregon

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UCC FINANCING STATEMENT AMENDMENT	12/31/2024 03:40:48	PM Fee: \$82
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)	1	
USDA/FARM SERVICE AGENCY		
1945 MAIN STREET, SUITE 100		
KLAMATH FALLS, OR 97601		_
1.		
	THE ABOVE SPACE IS FOR	EILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. 7 This FINANCING STATEMENT AMEN	IDMENT is to be filed [for record]
2015-001454	(OI TECOIDED) III IIIE NEAL ESTATE N	ECORDS UCC3Ad) and provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated of Statement	vith respect to the security interest(s) of Secu	red Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collateral in item.		n item 9
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respection continued for the additional period provided by applicable law	to the security interest(s) of Secured Party a	authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes: AND Check one of these three b	address: CompleteADD name: Complete	e itemDELETÉ name: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u> item 7c	to be deleted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only 6a. ORGANIZATION'S NAME	one name (6a or 6b)	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSON	NAL NAME ADDITION	AL NAME(S)/INITIAL(S) SUFFIX
HARRISON RICHA	RD WAY	DE III
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full name; do not omi	t, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME		, -
OR 7b. INDIVIDUAL'S SURNAME	\rightarrow	
INDIVIDUAL'S FIRST PERSONAL NAME	V / V	
NONE PROPERTY AND A STATE OF THE PROPERTY OF T		SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SOFFIX
7c. MAILING ADDRESS	STATE	POSTAL CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE co	vered collateral ASSIGN collateral
Indicate collateral:		_
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing		ignor, if this is an Assignment)
9a. ORGANIZATION'S NAME		
UNITED STATES OF AMERICA ACTING THRO		
9b. INDIVIDUAL'S SURNAME FIRST PERSON	NAL NAME ADDITION	AL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:		