2025-000786 Klamath County, Oregon

02/06/2025 08:49:01 AM

Fee: \$82.00

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		1		
` ' /				
Becky Haysley 502-899-2900 B. E-MAIL CONTACT AT SUBMITTER (optional)				
becky.haysley@cgb.com		4		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
CGB Agrifinancial Services, Inc.				
2209 River Rd				
Louisville, KY 40206	ı			
Lodisville, KT 40200				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI			CE IS FOR FILING OFFI	
1a. INITIAL FINANCING STATEMENT FILE NUMBER			STATE RECORDS. FIIER: <u>aπa</u>	ed [for record] <u>ch</u> Amendment Addendum
Vol M05 Pg 15372 dated 3/8/2005	2 1 20	(Form UCC3Ad) and provide		
2. TERMINATION: Effectiveness of the Financing Statement identified above is te	erminated with resp	pect to the security interest(s) of Sec	ured Part(y)(les) authorizing ti	nis Termination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Ass For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in I				
				O
4. X CONTINUATION: Effectiveness of the Financing Statement identified above wadditional period provided by applicable law	vitn respect to the s	security interest(s) of Secured Party :	authorizing this Continuation s	Statement is continued for tr
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	e of these three bo NGE name and/or a		e: Complete itemDELE	TE name: Give record nam
This Change affects Debtor or Secured Party of record item 6 CURRENT RECORD INFORMATION: Complete for Party Information Change	sa or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c7a or 7b,		deleted in item 6a or 6b
6a. ORGANIZATION'S NAME	e - provide only <u>one</u>	Ename (oa or ob)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INIT	TIAL(S) SUFFIX
Keeton	Roy		l D	
7 CHANGED OF ADDED INFORMATIONS CO				
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information ORGANIZATION'S NAME 	Change - provide only	one name (7a or 7b) (use exact, full name; de	I o not omit, modify, or abbreviate any	part of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	Change - provide only	one name (7a or 7b) (use exact, full name; de	I o not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	Lo not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	Lonot omit, modify, or abbreviate any	part of the Debtor's name)
OR 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	Lo not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	Lo not omit, modify, or abbreviate any	
OR 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	Lo not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Change - provide only	<u>one</u> name (7a or 7b) (use exact, full name; de	o not omit, modify, or abbreviate any	
OR 75. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) J		<u>one</u> name (7a or 7b) (use exact, full name; d		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS				SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral		STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral	DELETE collateral R	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral	DELETE collateral R	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral	DELETE collateral R	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral	DELETE collateral R	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box:	CITY D collateral	DELETE collateral R	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collater
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME COLLATERAL CHANGE: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check Only one box: Check ASDITIONAL NAME COLLATERAL CHANGE: Check Only one box: Check ASDITIONAL NAME CHANGE: Check Only one box: Check ASDITIONAL NAME CHANGE: Check Only one box: Check ASDITIONAL NAME CHANGE: Check ASDITIONAL NAME CHANGE: Check Only one box: Check ASDITIONAL NAME CHANGE: Check Only one box: Check ASDITIONAL NAME CHANGE: Check ASDITIONAL NAME CHANGE: Check Only one box: Check Only one box: Check Only one b	CITY D collateral SSIGN COLLATERAL o	DELETE collateral Runly if the assignee's power to amend the reco	STATE POSTAL CODE ESTATE covered collateral and or is limited to certain collateral and or in the state of t	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME COLLATERAL CHANGE: *Check ASDITIONAL NAME COLLATERAL CHANGE: ADDITIONAL NAME NAME NAME NAME NAME NAME NAME NAME	CITY D collateral SSIGN COLLATERAL o	DELETE collateral Runly if the assignee's power to amend the reco	STATE POSTAL CODE ESTATE covered collateral and or is limited to certain collateral and or in the state of t	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME (S)/INITIAL(S) Indicate collateral: *Check AS *Check AS 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME	CITY D collateral SSIGN COLLATERAL of	DELETE collateral Runly if the assignee's power to amend the reco	STATE POSTAL CODE ESTATE covered collateral and or is limited to certain collateral and or in the state of t	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME (S)/INITIAL(S) Indicate collateral: *Check AS *Check AS 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME CGB AgriFinancial Services, Inc	CITY Discollateral Sign COLLATERAL COLLATERA COLLATER	DELETE collateral Round the reco	STATE POSTAL CODE ESTATE covered collateral and of the similar is limited to certain collateral and of the similar is limited.	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME (S)/INITIAL(S) Indicate collateral: *Check ASDITIONS NAME (S)/INITIAL(S) 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME (If this is an Amendment authorized by a DEBTOR, check here and provide name (S) and provide name	CITY D collateral SSIGN COLLATERAL of	DELETE collateral Round the reco	STATE POSTAL CODE ESTATE covered collateral and or is limited to certain collateral and or in the state of t	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME Keeton INDIVIDUAL'S FIRST PERSONAL NAME Tina INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: ADDITIONAL NAME (S)/INITIAL(S) Indicate collateral: *Check AS *Check AS 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME CGB AgriFinancial Services, Inc	CITY Discollateral Sign COLLATERAL COLLATERA COLLATER	DELETE collateral Round the reco	STATE POSTAL CODE ESTATE covered collateral and of the similar is limited to certain collateral and of the similar is limited.	SUFFIX COUNTRY ASSIGN* collater describe the collateral in Section 8