

2025-002303

Klamath County, Oregon

03/31/2025 02:50:01 PM

Fee: \$92.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_		
<u> </u>	_			
1892 999	Filed In: OR			
'CSC 801 Adlai Stevenson Drive	Klamath County			
Springfield, IL 62703				
SEE BELOW FOR SECURED PARTY CONTACT IN 1a. INITIAL FINANCING STATEMENT FILE NUMBER	IFURMATION		CE IS FOR FILING OFFICE USE (
2021-001124 01/25/2021		(or recorded) in the REAL E	ENT AMENDMENT is to be filed [for recor STATE RECORDS. Filer: <u>attach</u> Amendn e Debtor's name in item 13.	nent Addendum
2. TERMINATION: Effectiveness of the Financing Statement identifie	d above is terminated with re	spect to the security interest(s) of Sec	eured Part(y)(ies) authorizing this Termina	tion Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a				
For partial assignment, complete items 7 and 9; check ASSIGN Colla				
4. CONTINUATION: Effectiveness of the Financing Statement identi additional period provided by applicable law	fied above with respect to the	security interest(s) of Secured Party	authorizing this Continuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	Check one of these three b CHANGE name and/or		ne: Complete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item		and item 7c to be deleted in i	tem 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information. 6a. ORGANIZATION'S NAME 	ition Change - provide only or	<u>ne</u> name (6a or 6b)		
U. ORGANIZATION S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Collins	Kevin	NAL INAIVIL	M	COLLIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pr		v and name (7a or 7h) (use exact full name; d		htor's nama)
7a. ORGANIZATION'S NAME	Try Illioinfallori Griange - provide on	y <u>one</u> hame (ra or rb) (use exact, full hame, u	o not office, mounty, or appreviate any part of the De	pior s riame)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
Indicate collateral:			ord is limited to certain collateral and describe the c	
Perfection PMSI-In Fixture. All Sc		- ·		
all of its components installed at				
R-3909-012BC-09000-000 Alt Parcel				
97603 Abbr Legal Desc Sunset Villa				13, 010
39S-9E-12-NW-SW For Complete Legal				N84
Date: 10/13/2020	Description	Terer to sale in	3 CT UIIIGH C #2020-013	004
 NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and 	3 THIS AMENDMENT: Proprovide name of authorizing		e of Assignor, if this is an Assignment)	
9a. ORGANIZATION'S NAME Community 1st Cred		505.01		
Sommarry 13t Cret	are dirion			
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	1112,100		, ,	
	line (Debtor)		1	
10. OF HOMALTILLY MELLINEROE DATA. INCVITE IT CO.	TIME (DEDICOL)		1892	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 2021 - 001124 01/25/2021			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	s item 9 on Amendment form		
12a. ORGANIZATION'S NAME			
Community 1st Credit Union			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE U	
 Name of DEBTOR on related financing statement (Name of a cur one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, 			ovide only
13a. ORGANIZATION'S NAME			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in iter (if Debtor does not have a record interest): Kevin M Collins 3420 Grenada Way		ofrealestate: tion PMSI-In Fixture. All So ent including the complete S and all of its components	

18. MISCELLANEOUS: