2025-006386

Klamath County, Oregon

07/23/2025 02:32:01 PM

Fee: \$112.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1		
B. E-MAIL CONTACT AT SUBMITTER (optional)		-		
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
4204 236 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: OR Klamath County			
SEE BELOW FOR SECURED PARTY CONTACT IN			ACE IS FOR FILING OFFICE L	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020 - 013508 10/20/2020		This FINANCING STATEM (or recorded) in the REAL (Form UCC3Ad) <u>and</u> provi	MENT AMENDMENT is to be filed (for ESTATE RECORDS. Filer: <u>attach</u> Ar de Debtor's name in item 13.	r record] nendment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with resp	pect to the security interest(s) of Se	ecured Part(y)(ies) authorizing this Te	ermination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9; check ASSIGN Collate				
4. CONTINUATION: Effectiveness of the Financing Statement identifi additional period provided by applicable law	ed above with respect to the s	security interest(s) of Secured Part	y authorizing this Continuation State	ment is continued for the
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	Check one of these three box			
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	address: Complete 7a or 7b <u>and</u> item 7c 7a or 7b		ame: Give record name led in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	ion Change - provide only one	name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
Perkins	Cassand	ra	N	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit, modify, or abbreviate any part of	i the Debtor's name)
7a. ORGANIZATION'S NAME				
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
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
COLLATERAL CHANGE: Check only one box: Indicate collateral:				—
		, , ,	cord is limited to certain collateral and describ	
Perfection: PMSI - In Fixture. All				
installed at 1243 McClellan Dr Klar				
Alt Parcel: R451479 Situs Addr: 124				
Desc: Twp 38 Rnge 9, Blk Sec 36, Tr				Gatewood
For Complete Legal Desc refer to Sa	ale Instrument	t #2019-0146/1 L	Date: 12/18/2019	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			ne of Assignor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and p	provide name of authorizing D	ebtor		
^{9a. ORGANIZATION'S NAME} Community 1st Cred	•			
1	•			
	it Union	AL NAME	ADDITIONAL MAME (CV/MITTAL)	2)
,	•	AL NAME	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
OR 9b. INDIVIDUAL'S SURNAME	it Union FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
	it Union FIRST PERSON		., .	s) suffix

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 2020 - 013508 10 / 20 / 2020			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	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	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a curre one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or			rovide only
13a. ORGANIZATION'S NAME		e), see ilisuuctions ii name does not iit	
OB			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	EM 8 (Collateral) OR OTH	 HER INFORMATION (Please Describe)	
-			
15. This FINANCING STATEMENT AMENDMENT:	,	n of real estate:	0 1
covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item		tion: PMSI - In Fixture. All	
(if Debtor does not have a record interest):	equipm	ent including the complete S installed at 1243 McClellan	
Timothy L Perkins Cassandra N Perk	ine	h Falls, OR 97603 Parcel:	D 1
1243 McCellan Dr		-036CA-06800-000 Alt Parcel:	
Klamath Falls , OR 97603		9 Situs Addr: 1243 Mcclellan	
		h Falls, OR 97603 Abbr Legal	
		Rnge 9, Blk Sec 36, Tract P	
		, Acres 0.24 First Addition od For Complete Legal Desc r	
		nstrument #2019-014671 Date:	
	12/18/		

18. MISCELLANEOUS: