

WAGSTAFF, CAMILLA JU

OR Sec of State
11/14/2013

461051-19_5855591

UCC

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Lien #: 461051-19

A. NAME & PHONE OF CONTACT AT FILER (optional)

Beryl Kowalski

B. E-MAIL CONTACT AT FILER (optional)

beryl.kowalski@northwestfcs.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Farm Credit Services
308 S.E. 10th Street
Ontario, OR 97914

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

461051

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ **TERMINATION:** Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE

Check one of these two boxes

AND Check one of these three boxes to:

This Change affects ☒ Debtor or ☐ Secured Party of Record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☒ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

WBH Farms, LLC

OR 6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full names; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S SURNAME

Wagstaff

INDIVIDUAL'S FIRST PERSONAL NAME

Camilla

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Juleen

7c. MAILING ADDRESS

867 Owyhee Ave

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing DEBTOR

9a. ORGANIZATION'S NAME

Northwest Farm Credit Services, PCA

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

USE THIS FORM TO ADD NAMES ONLY
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
461051

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME

Northwest Farm Credit Services, PCA

OR 20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR 21b. INDIVIDUAL'S SURNAME

Wagstaff

FIRST PERSONAL NAME

Brent

ADDITIONAL NAME(S)/INITIAL(S)

Richard

SUFFIX

21c. MAILING ADDRESS

2823 Jefferson Dr

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

22a. ORGANIZATION'S NAME

OR 22b. INDIVIDUAL'S SURNAME

Bowns

FIRST PERSONAL NAME

Dennis

ADDITIONAL NAME(S)/INITIAL(S)

Jean

SUFFIX

22c. MAILING ADDRESS

2399 Hwy 201

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S SURNAME

Bowns

FIRST PERSONAL NAME

Julene

ADDITIONAL NAME(S)/INITIAL(S)

Kay

SUFFIX

23c. MAILING ADDRESS

2399 Hwy 201

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

24. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR 24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

25. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR 25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

25c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

26. MISCELLANEOUS

USE THIS FORM TO **ADD NAMES ONLY**
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UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME

Northwest Farm Credit Services, PCA

OR 20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR 21b. INDIVIDUAL'S SURNAME

Wagstaff

FIRST PERSONAL NAME

Robert

ADDITIONAL NAME(S)/INITIAL(S)

Lloyd

SUFFIX

21c. MAILING ADDRESS

1060 Overstreet Rd

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

22a. ORGANIZATION'S NAME

OR 22b. INDIVIDUAL'S SURNAME

Hansen

FIRST PERSONAL NAME

Valene

ADDITIONAL NAME(S)/INITIAL(S)

Renee

SUFFIX

22c. MAILING ADDRESS

1980 Adrian Blvd

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

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23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S SURNAME

Hansen

FIRST PERSONAL NAME

Charles

ADDITIONAL NAME(S)/INITIAL(S)

Glenn

SUFFIX

23c. MAILING ADDRESS

1980 Adrian Blvd

CITY

Nyssa

STATE

OR

POSTAL CODE

97913

COUNTRY

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24a. ORGANIZATION'S NAME

OR 24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

25. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR 25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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OR 21b. INDIVIDUAL'S SURNAME

Wagstaff

FIRST PERSONAL NAME

Richard

ADDITIONAL NAME(S)/INITIAL(S)

Lloyd

SUFFIX

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FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S SURNAME

Wagstaff

FIRST PERSONAL NAME

Kim

ADDITIONAL NAME(S)/INITIAL(S)

F

SUFFIX

23c. MAILING ADDRESS

1060 Overstreet Rd

CITY

Nyssa

STATE

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POSTAL CODE

97913

COUNTRY

24. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR 24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

25. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR 25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

25c. MAILING ADDRESS

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COUNTRY

25. MISCELLANEOUS