FILED: FEB 23, 2021 01:48 PM OREGON SECRETARY OF STATE



UCC UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) MELIA INSKO (541) 278-8049 ext.2 B. E-MAIL CONTACT AT FILER (optional) melia.insko@usda.gov C. SEND ACKNOWLEDGMENT TO: (Name and Address) **USEARCH** Global Solutions for Corporate and Financial Compliance 698 12th Street SE, Ste 200, Salem OR 97301 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) 1b. in the REAL ESTATE RECORDS 90769441 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement. 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 8 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 PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name Secured Party of Record Debtor or This Change affects Item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (6a or 6b) ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) ORGANIZATION'S NAME 7b, INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: 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 COMMODITY CREDIT CORPORATION OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

ANDREW AND KELSEY HENDRICKS