FILED: DEC 19, 2023 02:19 PM DREGON SECRETARY OF STATE



LIEN NO. 932

UCC

ROHDE, NATHAN TANNER

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS			-			•			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional Name: Wolters Kluwer Lien Solutions Phone: 800-331		8-662-414	7						
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	4060 - FARM	CREDIT							
Lien Solutions P.O. Box 29071	965132	298 🗍							
Glendale, CA 91209-9071	OROR								
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT	T INFORMAT		THE A	ABOVE SPA	CE IS FO	OR FILING OFFIC	E USE	ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 93222701 6/15/2022 SS OR	(or recorde	b. 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							
TERMINATION: Effectiveness of the Financing Statement identification. Statement	entified above is	terminated wi							
ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indi	tem 7a or 7b, and icate affected coll	d address of A lateral in item	assignee in item 7c <u>a</u> 8	and name of A	ssignor in	item 9			
CONTINUATION: Effectiveness of the Financing Statement i continued for the additional period provided by applicable law		vith respect to	the security interest	(s) of Secured	Party aut	norizing this Continua	ition Sta	tement is	
5. PARTY INFORMATION CHANGE:	AND Check are of	these three he							
Check one of these two boxes: This Change affects Debtor of Secured Party of record	AND Check one of CHANGI Item 6a o	E name and/or	address: Complete 7a or 7b and item 7c	ADD nam 7a or 7b,	e: Comple and item 7	te item DELETE i		ive record name m 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Inform.									
6a. ORGANIZATION'S NAME									
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSON			IAL 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 name; do not omit, modify, or abbreviate any part of the Debtor's name) [7a. ORGANIZATION'S NAME]									
75. INDIVIDUAL'S SURNAME Rohde									
INDIVIDUAL'S FIRST PERSONAL NAME									
Nathan									
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)								SUFFIX	
Tanner					T	I annu anna		COUNTRY	
7c. MAILING ADDRESS		CITY			i	POSTAL CODE			
7890 Bethel Rd 8. COLLATERAL CHANGE: Check only one box:		Rickreall collateral	DELETE collat	eral E	OR	97371-9751 covered collateral		USA SSIGN* collatera	
COLLATERAL CHANGE: Check only one box: Indicate collateral:				_		certain collateral and describ			
	•								
						-			
					*			•	
			,						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZI	ING THIS AMEN			e (9a or 9b) (n	ame of As	signor, if this is an Ass	signmen	t)	
If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME		or aution	9 000101						
FARM CREDIT SERVICES OF AMERICA, F									
9b. INDIVIDUAL'S SURNAME		FIRST PERSOI	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	5)	SUFFIX	
10 OPTIONAL FILER REFERENCE DATA: Debtor Name: Ro	hdo Nathan	Cannor	<u></u>					L	

3384195815840

267

96513298

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOWINSTRUCTIONS	,	(DDLINE					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a o	n Amend	ment form					
	222701 6/15/2022 SS OR				_			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 12a. ORGANIZATION'S NAME	n 9 on Am	endment forn	n	.			
	FARM CREDIT SERVICES OF AMERICA, PCA							
		•			1		•	
OR					,			
0,,	12b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME			-		•		•
	·							
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX				
12	Name of DEBTOR on related financing statement (Name of a current l	Dahtar of	socost socuis	ad for indevi		SPACE IS FOR FILIN		
13.	one Debtor name (13a or 13b) (use exact, full name; do not omit, mod	dify, or ab	breviate any p	part of the Del	g purposes only in soi btor's name); see Inst	ructions if name does	not fit	is). Provide only
	13a. ORGANIZATION'S NAME	,	 :					
OR			T					
0	13b. INDIVIDUAL'S SURNAME Rohde		FIRST PERSO	ONAL NAME		Tanner	S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITE	L M 8 (Collatera	al) OR	OTHER INFO	L RMATION (Please De	scribe)	_1
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15.	This FINANCING STATEMENT AMENDMENT:		•	1	ption of real estate:			
16	covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate described in		s a fixture filin	9				
10.	(if Debtor does not have a record interest):	nem m	i					`
	•							
	•						•	
		•						
	•		1		•			
18	MISCELLANEOUS: 96513298-OR-0 14060 - FARM CREDIT SERVICES	FARM	CREDIT SERVI	CES OF .	File with: Secretary of	State, OR 267 33	384195815840	