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| INSTRUCTIONS: UN | FORM COMMERCIAL COL | STATE STATEME | OF CREGON | ATION, RELEASE, | ASSIGNMENTS, | | |
| 1. PLEASE TYPE THIS FORM. 2 Enclose fee of \$3.75 per name liste | t plus \$2,00 per trade name. | If more than (| one transaction is to | be made on this for t to the filing officient | m send appropriate fee pe cer. The Debtor(s) and Se | r box, for each trans cured Party(ies) cos | action. Sies are |
| Send the Alphabetical, Numerical Alphabetical, Numerical by party making the filing. If the space provided for any item(need be presented to the filing office DO NOT STAPLE OR TAPE ANYT At the time of original filing, filing of long schedules of collateral, two of File UCC3 with Secretary of State | a) on the form is inack quate r, Long schedules of collater HING TO LOWER POITICF officer will return acknowle opies should be presented an r county filing officer as rea Loge steep 15 ONF OF TO a steep 15 ONF OF TO Construction of the Steep 15 ONF | the item(s) shi al, indentures, 4 OF THIS FO dgment copy 1 d one will be r uired by law. 4 FMULTIPL(| ould be continued or etc. may be on any s IRM. to the assignce if not eturned. E TRADSACTIONS | additional sheets, ize paper that is con ed on form or secu | size 5" x 8". Only one cop evenient for the secured party. It secured party. It secured party | by of such additional arty. | sheets |
| 7. A SEPARATE FORM UCCS SHOL This STATE! ENT is presented to filling 1A. Deblor(s): Donald R. Manning | | 2A. Secured | Party (103): ates National | Bank of Ore | Filling Officer of | Only | |
| Lillian V. Manni 18. Mailing Address(ss): Rt. 1 Box 18 Bonanza, OR 9762 | ng | 2B. Address security 3720 S. | Country Bra of Secured Party from information obtainable 6th. St., I Falls, OR | n which le: 2.0. BOX 7. | Vol.M89 | /8071 | |
| | | 13321 | | ate filed | b. | | 19. 8 |
| This statement refers to original Finar A. CONTINUATION | cing Statement No B. RELEASE From the collateral descrit financing statement bear number shown abore, th Party releases all or part lowing (describe below). I | of the fol- | C. TEPMINATION The Sucured Party of cured Party no long interest under the bearing the file nu (Fee \$3.75). | ertifies that the Se- er claims a security | D. ASSIGNMENT The Secured Party ce assigned to the Assig shown in 4A and 4 | tifies that the Securi nee whose name an 3 below, Secured P | ed Party d addre arty's r |
| \$3.75) E. OTHER (Such as "emondment") | PARTIAL RELEASE | | | | 4A. Assignee of Se | cured Party(ies) if a | ny: |
| 15 60 751 | | | | | 4B. Address of Ass security inform | gnoe from which ation obtainable: | |
| (Fee \$3.75) | | | | | | | |
| | | | 1 | | | | |
| | | | Į | inited Stat | es National H | ank of Ore | gon |
| By | | | Βγ: | (Jung | ure(s) of Secured Party(ies) | or Assignee(s) | |
| Signature(s) of Debtor This form of Statement approved by t STANDARD FORM-UNIFOFM COMMI | s) (If used as an amu he Secretary of State. RCIAL CODE—FORM UCC-3 | | ng sanati san Na N | |) | | |
| STATE OF OREGON: CO | | H: ss. | | | | | |
| Filed for record at request | ofLi A.D., 19 _ <u>89</u> a | 11ian V | <u>Manning</u> | P M and | the | <u>11th</u> 01. <u>M89</u> | da |
| ofMz.y | A.D., 19 <u>89</u> a ofMoj:tga | it2:4 | | on Page | | | |
| FEE \$5.00 | _ | | Evelyı By | Biehn | County Clerk | <u>n al é lé</u> | |
| FEE \$5.00 Return: Donald R. | Manning | | | | | | |
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