

33223

mtc 25579

Vol. m91 Page 16115

STATE OF OREGON  
UNIFORM COMMERCIAL CODE STANDARD FORM UCC-3  
Statement of continuation, assignment, release, termination, amendment, etc.

PLEASE TYPE  
BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY. CUSTOMER  
READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM.

M91/16115

A. Check (x) one: ☒ DEBTOR NAME, ☐ CONSIGNEE, ☐ LESSEE  
(From original filing or as previously amended)

1. KLAMATH MEDICAL SERVICE BUREAU

2. \_\_\_\_\_

3. \_\_\_\_\_  
(Last Name) (First Name) (Middle)

DEBTOR MAILING ADDRESS:

2500 Daggett  
Klamath Falls, OR 97601

Social Sec. number or TIN

Total Debtor Names: \_\_\_\_\_

Reserved for Filing Officer Use

B. Check (x) one: ☒ SECURED PARTY, ☐ CONSIGNOR, ☐ LESSOR  
NAME AND ADDRESS (from original filing or as previously amended)  
The State of Oregon Economic Development Comm.  
555 Cottage Street  
Salem, OR  
Telephone Number: \_\_\_\_\_

C. ASSIGNEE NAME AND ADDRESS (if any)  
First Interstate Bank of Oregon, N.A.  
at Trustee  
2701 N.W. Vaughn Portland OR 97210  
Telephone Number 340-5671

This statement refers to original Financing Statement No. M91, pg. 2988, Date Filed Feb. 19, 19 81

- ☒ **TERMINATION** The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.  
**No Fee is required for filing a termination statement.**
- ☐ **ASSIGNMENT** The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the described collateral.
- ☐ **CONTINUATION** The original financing statement bearing the file number shown above is still effective.  
**Effective only if submitted within six months prior to expiration date.**
- ☐ **RELEASE** From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following:  
(describe below). Choose one: ☐ Release of all Collateral ☐ Partial Release **RELEASE DOES NOT TERMINATE DEBT**
- ☐ **AMENDMENT** Financing statement bearing file number shown above is amended as described below: **Signature of Debtor required in most cases.**

This area can be used in listing collateral to be Released, Amendment description, and other information:

Debtor hereby authorizes the Secured Party to file a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By: \_\_\_\_\_

Required Signature(s)

**FIRST INTERSTATE BANK OF OREGON, N.A.**  
as Trustee  
W Marsh Assistant Trust Officer

**FARM PRODUCTS STATEMENTS OF CONTINUATION, AMENDMENT, ASSIGNMENT, LAPSE - FORM EFS-3**

This FARM PRODUCT STATEMENT is presented to the filing officer pursuant to ORS Chapter 79.

This area for use in listing Farm Product changes, deletions, additions, amendments:

- ☐ **LAPSE/TERMINATION**
- ☐ **ASSIGNMENT**
- ☐ **CONTINUATION**
- ☐ **AMENDMENT**

By: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Secured Party

By: \_\_\_\_\_  
Signature of Debtor(s)

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

KLAMATH MEDICAL SERVICE BUREAU  
Attn: Tim Bailey  
2500 Daggett Street  
Klamath Falls, OR 97601

Please do not type outside of bracketed area

Source of Payment:

Cash ☐

Check ☐ # \_\_\_\_\_

Visa/MasterCard ☐

(See reverse of Original Copy)

Submit completed form to:  
Secretary of State, UCC Section  
Capitol Bldg., Room 41  
Salem, OR 97310  
(503) 378-4146  
FAX: (503) 373-1166

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 14th day  
of Aug. A.D., 19 91 at 3:33 o'clock P.M., and duly recorded in Vol. M91  
of Mortgages on Page 16115

Evelyn Biehn, County Clerk

By Douglas M. Munn

FEE \$5.00