

33224

mtc 25579

Vol. m91 Page 16116

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. NUMBER

This Statement is presented to filing officer pursuant to the Uniform Commercial Code.
A. Check (x) one: ☒ DEBTOR NAME, ☐ CONSIGNEE, ☐ LESSEE Social Sec. number or TIN

M91/16116

(From original filing or as previously amended)
1. STATE OF OREGON ECONOMIC DEVELOPMENT COMMISSION

2. _____
3. _____ (Last Name) (First Name) (Middle)

Total Debtor Names: _____

DEBTOR MAILING ADDRESS:
555 Cottage
Salem, OR

Reserved for Filing Officer Use

B. Check (x) one: ☒ SECURED PARTY, ☐ CONSIGNOR, ☐ LESSOR
NAME AND ADDRESS (from original filing or as previously amended)

FIRST INTERSTATE BANK OF OREGON, N.A.

Corporate Trust Dept
2701 N.W. Vaughn Portland, OR 97210

C. ASSIGNEE NAME AND ADDRESS (if any)

Telephone Number: _____

Telephone Number: 340-5671 M81 pg. 2990 Date Filed Feb. 19, 1981

This statement refers to original Financing Statement No. _____

- ☒ **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)

J Marsh
By: J 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 16116

Evelyn Biehn County Clerk

By: [Signature]

FEE \$5.00