16101				
	STATE	OF OREGON		Volma Page 12
PLEASE TYPE	1	CODE STANDARD FOR ent, release, termination, amen	idment, etc.	round raye in
	COLOCIE FIELING	The second s	ER	
A. Check (x) one: X [(From original filing or	DEBTOR NAME, CONSIGNE		Sec. number or TIN	
1. T&J Pack	cing Co., an Orego	on Corporation	563749898	M92/12828
2			6.657.43030	
3	· · · · · · · · · · · · · · · · · · ·	all a san a san		
(Last Name) DEBTOR MAILING ADI	(First Name) DRESS:	(Middle)		
PO Box 388 Malin, OR	97632	States of the second Total D	bebtor Names:	
, or	27032	letta internet de la tradición de la composition en la composition de l	and the second second	
B. Check (x) one: X SI				Reserved for Filing Officer Use
	NUDAESS (Ifom original filing or	F OD Providence I	C. ASSIGNEE NAME	AND ADDRESS (if any)
740 Main St	t/PO Box 789	of Oregon		
Klamath Fal Telephone Number:	110 00 07601			
	and the second descent second s		Telephone Number:	
	The Secured Det	ent No	7. Pg. 20186 Filed	11-6-87 19
	No Eco in remule	claims a security interest under	the financing statement beau	ring the file to the
	the file number shown above	the Assignee whose name and a	address is shown. Secured P	Party's rights under the financing statement bearing
	Effective only if su	ubmitted within six months prio	n above is still effective.	
	(describe below). Choose on Financing statement bearing fi	he: Release of all Collatera	ing the file number shown	above, the Secured Party releases the following: LEASE DOES NOT TERMINATE DEBT
This area can be used in I	listing collateral to be Released,	Amendment description, and o	nded as described below:	LEASE DOES NOT TERMINATE DEBT Signature of Debtor required in most cases.
	an and a second s			
	e ^{ne} reit.	en an		
Debtor hereby authorizes	the Secured Party of the			
Debtor hereby authorizes statement under ORS Cha	the Secured Party to file a carbo pter 79.	on, photographic or other repro	duction of this form, financin	g statement or security agreement as a financing
Debtor hereby authorizes tatement under ORS Cha By:	the Secured Party to file a carbo pter 79.	on, photographic or other repro	duction of this form, financin	ig statement or security agreement as a financing
Ву:	<u> </u>	Required Si	By:	
Ву:	<u> </u>	Required Si	By:	
By:	CTS STATEMENTS OF	Required Si CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN	MENT, LAPSE - FORM EFS-3
By:	CTS STATEMENTS OF	Required Si	By: gnature(s) ENDMENT, ASSIGN	MENT, LAPSE - FORM EFS-3
By:	CTS STATEMENTS OF	Required Si CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION	CTS STATEMENTS OF	Required Si CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN	MENT, LAPSE - FORM EFS-3
By:	CTS STATEMENTS OF	Required Si F CONTINUATION, AM In listing Farm Product changes	By: gnature(s) ENDMENT, ASSIGN (bleftions, additions, amend	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION	CTS STATEMENTS OF	Required Si F CONTINUATION, AM In listing Farm Product changes	By: gnature(s) ENDMENT, ASSIGN	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By:	This area for use too	E CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN (bleftions, additions, amend	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature	This area for use to Debtor(s)	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3
By:	This area for use too	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	AMENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETURN UNITED ST	This area for use in the second secon	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETURN UNITED ST S.O. COMM	This area for use to the second secon	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3 dments: E Oregon Source of Payment: Cash Check # Visa/MasterCard (See reverse of Original Copy) Submit completed form to: Secretary of State UCC Section
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETURN UNITED ST S.O. COMM PO BOX 72	This area for use to the second secon	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3 dments:
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETUR UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0	This area for use to the second secon	E CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: By: Signature RETUR UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0	This area for use to the second secon	E CONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3 dments:
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETURN UNITED ST S.O. COMM PO BOX 72 MEDFORD, C	This area for use to NATIONAL BAN ERCIAL BANKING CE 9 OR 97501 Please do not type outside of t	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: Signature RETURN UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0	This area for use to the second secon	ECONTINUATION, AM	By: gnature(s) ENDMENT, ASSIGN Deletions, additions, ameno vational Bank of	MENT, LAPSE - FORM EFS-3
By: FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION AMENDMENT By: By: By: Signature RETURI UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0 ATE OF OREGON: d for record at regular	This area for use to the second secon	E CONTINUATION, AM	By: By: By: ENDMENT, ASSIGN Additions, and Mational Bank of M Secured Party UCC-3	Source of Payment: Cash Check # Visa/MasterCard (See reverse of Original Copy) Submit completed form to: Secretary of State, UCC Section Capitol Bidg., Room 41 Salem, OR 97310 (503) 378-4146 FAX: (503) 373-1166
By: FARM PRODUC FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION ASSIGNMENT CONTINUATION AMENDMENT By: By: By: Signature RETURI UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0 TE OF OREGON: d for record at regular	This area for use to the second secon	E CONTINUATION, AM	By: BNDMENT, ASSIGN became and the second sec	Source of Payment: Cash Check # Visa/MasterCard (See reverse of Original Copy) Submit completed form to: Secretary of State, UCC Section Capitol Bidg., Room 41 Salem, OR 97310 (503) 378-4146 FAX: (503) 373-1166
By: FARM PRODUC FARM PRODUC LAPSE/TERMINATI ASSIGNMENT CONTINUATION ASSIGNMENT CONTINUATION AMENDMENT By: By: By: Signature RETURI UNITED ST S.O. COMM PO BOX 72 MEDFORD, 0 TE OF OREGON: d for record at regular	This area for use to the second secon	ECONTINUATION, AM	By: BNDMENT, ASSIGN became and the second sec	Source of Payment: Cash Check #

*92 JUN 12 SHII 23