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Vol: m93 Page 17664

FAX: (503) 373-1166

UNIFORM COMMERCIAL CODE STANDARD FORM UCC-3

7-21-93 BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY CUSTOMER NUMBER: SEAD INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM. Vol.M93/17664 A. Check (x) one: DEBTOR NAME, CONSIGNEE, LESSEE CARLETON BROS., A PARTNERSHIP (Last Name) Total Debtor Names: _ DEBTOR MAILING ADDRESS: P.O. BOX 362 MERRILL, OR 97633 Reserved for Filing Officer Use C. ASSIGNEE NAME AND ADDRESS (if any) B. Check (x) one: XXSECURED PARTY, CONSIGNOR, LESSOR NAME AND ADDRESS (from original filing or as previously amended) NORWEST EQUIPMENT BEASING, INC. SUITE 930, CARGILL BLDG. / 7TH ST. & MARQUETTE MINNEAPOLIS, MN 55479-2052 Telephone Number: Telephone Numb The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

No Fee is required for filling a termination statement.

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.

The original financing statement bearing the file number shown above is still effective.

Effective only if submitted within six months prior to expiration date.

From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following:

from the collateral described in the financing statement bearing the file number shown above. Signature of Debtor required in most cases.

It area gap by used in listing collateral to be Baleased Amendment describing and other information.

Signature of Debtor required in most cases. XX TERMINATION 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.

NORWEST EQUIPMENT LEASING, INC. By: FARM PRODUCTS STATEMENTS OF CONTINUATION, AMENDMENT, ASSIGNMENT, LAPSE - FORM EFS-3 This FARM PRODUCT STATE MENT is presented to the filing officer pursuant to ORS Chapter 79.0 sented in the State of the Product State o This area for use in listing Farm Product changes, deletions, additions, amendments: ☐ LAPSE/TERMINATION ASSIGNMENT ☐ CONTINUATION ☐ AMENDMENT Source of Payment: By: Cash By: Signature of Secured Party Check # By: Signature of Debtor(s) Visa/MasterCard 🗆 (See reverse of Original Copy) RETURN ACKNOWLEDGEMENT COPY TO: (name and address) Submit completed form to: Secretary of State, UCC Section CARLETON BROTHERS, A PARTNERSHIP Capitol Bldg., Room 41 Salem, OR 97310 P.O. BOX 362 (503) 378-4146

5.00

Standard Forms UCC-3/EFS-3 January 1990

Please do not type outside of bracketed area

ORIGINAL COPY

STATE OF OREGON: COUNTY OF KLAMATH:

MERRILL, OR 97633

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