				RECROER FROM I og jært f. Im- 51 or 100 fr 100 or 110 100 fr 100
65647	STATE C	TC 28010 DF OREGON		Vol. <u>mg3</u> Page_ 19 1
Stateme PLEASE TYPE	RM COMMERCIAL Co ent of continuation, sasignme	nt, reisese, termination, emer	RM UCC-3 Idment, etc.	
READ INSTRUCTIONS	E AND SIGN THOSE PORTIO ON BACK BEFORE FILLING O	UT FORM. CUSTOMER	NUMBER X03615	
A. Check (x) one: X DE			Sec. number or TIN	
1. (aka Gary &	<u>Garry Freitag) a</u> SKA Gertrude Fre	nd Gertrude		
2. husband and 3. (Last Name)				
DEBTOR MAILING ADD	(First Name) RESS:	(Middle)	Debtor Names:	
Rte 1, Box 1 Bonanza OR 9				
				Reserved for Filing Officer Use
NAME AND A THE PRUDENT I P 0 BOX 9049 Van Nuys	CURED PARTY, CONSIGN DDRESS (from original filing of AL INSURANCE COM M CA 91409	r as previously amended)	C. ASSIGNEE NAME	E AND ADDRESS (if any)
Telephone Number:	a to original Eingening States	G90624	Telephone Number	ay11
	The Secured Party no longer	claims a security interest und	er the financing statement be	earing the file number shown above.
	No Fee is require	id for filing a termination state the Assignee whose name an	ment.	- I Party's rights under the financing statement bearing
	The original financing statem Effective only if a	ent bearing the file number sh submitted within six months n	rior to expiration date	
	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 Financing statement bearing file number shown above is amended as described below: Signature of Debtor required in most cases.			
2159738	7-6-93	an a		· •
	the Secured Party to file a car	bon, photographic or other re	production of this form, finan	cing statement or security agreement as a financing
Ву:			By:	
		F CONTINUATION,		GNMENT, LAPSE - FORM EFS-3
	ATEMENT is presented to the This area for us	e in listing Farm Product chan		
		THE PRUDENTIAL		NY OF AMERICA
ча Ву:аву:	·····	Carol Roseman	DLC VICOPresi	Cash Check #
Signatu	ire of Debtor(s)	OPY TO: (name and address)		Visa/MasterCard (See reverse of Original Copy)
	Farm Credit	an a		Submit completed form to: Secretary of State, UCC Section Capitol Bidg., Room 41
900 Klama1 P 0 Box 14	18			Salem, OR 97310 (503) 378-4146
Klamath Fa	97601 Please do not type outside	e of bracketed area		FAX: (503) 373-1166
STATE OF OREGON	I: COUNTY OF KLAN	MATH: ss.		
Filed for record at re		at o'c	lock AM., and	the <u>4th</u> day duly recorded in Vol. <u>M93</u>
	of <u>Mor</u>	Ç Ç	on Page <u>19</u> velyn Biehn	County Clerk
FEE \$5.00		Ľ	By Daul	ne Michnettie

1.11.1