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STATE OF OREGON
Corporation Division - UCC
Public Service Building
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Salem, OR 97310-1327
(503) 916-2200 Facsimile (503) 373-1166

Vol. m96 Page 12004

UTC-37924

THIS SPACE FOR OFFICE USE ONLY

UCC-3 STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT
PLEASE TYPE OR WRITE LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filing, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic or other reproduction of this form, financing statement or security agreement may be filed as a financing statement under ORS Chapter 79.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: M92 Page 30675

Date Filed: 12-24-92

B. TYPE OF AMENDMENT

- ☒ **TERMINATION. (NO FEE).** The Secured Party certifies that they no longer claim interest under the financing statement bearing the file number shown in SECTION A.
- ☐ **CONTINUATION.** Submitted within six months prior to expiration date.
- ☐ **ASSIGNMENT.** The Secured Party assigns to the Assignee whose name and address is shown in SECTION E and bearing the file number shown in SECTION A.
- ☐ **RELEASE. RELEASE DOES NOT TERMINATE DEBT.** From the collateral described in the financing statement bearing the file number shown in SECTION A, the Secured Party releases the following: (described in SECTION G.),

Choose one: ☐ Release of all Collateral ☐ Partial Release

- ☐ **AMENDMENT.** Financing statement bearing file number shown in SECTION A is amended as described in SECTION G. Signature of Debtor required in most cases.

C. DEBTOR NAME(S)

1. Whiskey Creek Timber Company
2. Dahm, James M.
3. Mezger, Robert W.

DEBTOR MAILING ADDRESS:

2450 Redwood Drive
Klamath Falls, OR 97603

D. SECURED PARTY(IES) NAME AND ADDRESS

Northwest Farm Credit Services, ACA
PO Box 148
Klamath Falls, OR 97601

Contact Name: Denise Noland

Phone No.: 882-5551

E. ASSIGNEE(S) NAME AND ADDRESS (if any)

Contact Name:

Phone No.:

F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PARTIES must sign UCC-3 Filings.

By: _____

By: _____

By: _____

By: _____

Debtor Signature(s)

Northwest Farm Credit Services, ACA

Secured Party Signature(s)

RETURN COPY TO: (name and address). Please do not type or print outside of bracketed area. OR, FAX COPY TO: (name and fax number)

Northwest Farm Credit Services, ACA
PO Box 148
Klamath Falls, OR 97601

Name: _____

Fax Number: _____

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ AmeriTitle _____ the _____ 29th _____ day
of April _____ A.D., 19 96 at 3:52 o'clock _____ P.M., and duly recorded in Vol. M96
of Mortgages _____ on Page 12004.

FEE \$5.00

Bernetha G. Letsch, County Clerk

By _____