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STATE OF OREGON
Corporation Division - UCC
Public Service Building

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Vol. m96 Page 12005

17152

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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.: R36980

Date Filed: 12-22-92

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 93-1077249
2. Dehm, James M. 328-31-8637
3. Mezger, Robert W. 147-27-5018

DEBTOR MAILING ADDRESS:

2450 Redwood Dr.
Klamath Falls, OR 97603

D. SECURED PARTY(IES) NAME AND ADDRESS

Northwest Farm Credit Services, ACA
P.O. Box 148
Klamath Falls, OR 97601

Contact Name: Denise Noland

Phone No.: (541) 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: _____

Northwest Farm Credit Services, ACA

Secured Party Signature(s)

Debtor 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 _____ the _____ 29th day
of _____ April _____ A.D., 19 96 at 3:52 o'clock _____ PM., and duly recorded in Vol. _____ M96
of _____ Mortgages _____ on Page _____ 12005

Bernetha G. Letsch, County Clerk

FEE \$5.00

By: _____