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ASSIGN	TS OF CONTINUATION MENTS, TERMINATION PROPERTY - FORM UC	IS, ETC.			
THIS FORM F	OR COUNTY FILIN	G USE ONLY			
			County Filing Officer Use	Only	
1A Debtor Nemo(a)-		ng officer pursuant to th 2A. Secured Party Name	e Uniform Commercia		
Long, Craig I	. & Linda	The Federal La		4A. Assignee of Sec Okane	cured Party (if any):
1B. Debtor Mailing Addre P. O. Box 545	955(05):	2B. Address of Secured which security informati	Party from	4B. Address of Assi	ignee:
Chiloquin, OR	97624	P.O. Box 148	ion is obtainable:		
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his statement refers to	dipal Figureta Ct	Number: #362	208		
	ginal Financing Statement			Date Filed: <u>Ma</u>	
	The Secured Party no above.	longer claims a securit	ty interest under the fi	nancing statement be	aring the file number sh
	The Secured Party as	ssions to the Assignee	whose name and ad-	france in shares O	red Party's rights under
					red Party's rights under ibe below)
- <u></u>	The onginal manung	Statement bearing the fill	le number shown abov	e is still effective.	
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