MTC 40217 KR

Submit this form and fee $10.00 per form, except Termination

31406

STATE OF OREGON
Corporation Division - UCC
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166

THIS SPACE FOR OFFICE USE ONLY

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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. VOL.M87, PAGE 9693 Date Filed: JUNE 4, 1987

B. TYPE OF AMENDMENT

[X] **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 SecuredParty 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: (describe in SECTION G.)

Choose one: [X] 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 NAMES(S)

1. W.C. RANCH, INC. DBA HARVEST FORD L-M
2.
3.

DEBTOR MAILING ADDRESS:
2833 WASHBURNE WAY
KLAMATH OR 97603

D. SECURED PARTY(IES) NAME AND ADDRESS
FORD MOTOR CREDIT COMPANY
1600 VALLEY RIVER DRIVE
SUITE 190
EUGENE OR 97401

Contact Name: Phone No.:

E. ASSIGNEE NAMD AND ADDRESS (if any)

Contact Name: Phone No.:

G. COLLATERAL
This area can be used in listing collateral to be Release, Amendment description, and other information.

97 JAN 15 P3:46

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

FORD MOTOR CREDIT COMPANY
By:
By:
Secured Party(ies) Signature

W.C. RANCH, INC. DBA HARVEST FORD L-M
By:
By:
Debtor Signature(s) (if required)

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

KATHY DIMITRIEVSKI
THE AMERICAN ROAD
P.O. BOX 6044
DEARBORN, MI 48121

Name: KATHY DIMITRIEVSKI
Fax Number:

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 15th day of January A.D., 19 97 at 3:46 o'clock P. M., and duly recorded in Vol. M97, of Mortgages on Page 1326.

Bernetha G. Letsch, County Clerk

FEE $5.00

by Kathleen Rose