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31407

MTCA 40217 KR
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 9695 Date Filed: JUNE 4, 1987

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: (describe 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)

TOYOTA OF KLAMATH, INC. DBA HARVEST TOYOTA

1. _____
2. _____
3. _____

DEBTOR MAILING ADDRESS:
2833 WASHBURN WAY

KLAMATH

OR 97603

D. SECURED PARTY(IES) NAME AND ADDRESS

FORD MOTOR CREDIT COMPANY
1600 VALLEY RIVER DRIVE
SUITE 190

EUGENE

Contact Name: _____

Phone No.: _____

OR 97401

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: _____

Phone No.: _____

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

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 5044
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 1327

FEE \$5.00

by Bernetha G. Letsch, County Clerk
Kathleen Rose

97 JAN 15 P 3:46