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STATE OF OREGON  
Corporation Division - UCC  
Public Service Building  
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Salem, OR 97310-1327  
(503) 986-2200 Facsimile (503) 373-1166

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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 73. A carbon, photographic or other reproduction of this form, financing statement or security agreement may be filed as a financing statement under ORS Chapter 73.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT  
No. VOL. M94, PAGE 244 Date Filed: JANUARY 4, 1994

## 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)

1. WRAYCO, INC.

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 NAME AND ADDRESS (if any)

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

By: [Signature]  
By: \_\_\_\_\_  
Secured Party(ies) Signature

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 1329

FEE \$5.00

by [Signature]  
Berntha G. Letsch, County Clerk

97 JUN 15 P 3:46