

45015
UCC-3

STATE OF OREGON
Corporation Division - UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 988-2200 Facsimile (503) 373-1166
<http://www.sos.state.or.us/corporation/corphp.htm>

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K-51069

STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT

TL5

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.: S39416

Date Filed: 2/10/95

G. AMENDMENT INFORMATION

Use this area to list collateral to be Released, Amendment description, and other information.

PARCIAL RELEASE OF STANDING
AND CUT TIMBER LOCATED ON:

THE NE1/4 NW1/4 SECTION 29,
TOWNSHIP 35 SOUTH, RANGE 11
EAST OF THE WILLAMETTE
MERIDIAN.

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.
- Choose one: ☐ Full Assignment ☐ Partial Assignment
- ☒ **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. TIMM BUIR, INC.

2. _____

3. _____

DEBTOR MAILING ADDRESS:

325 MAIN STREET KLAMATH FALLS OR 97601

D. SECURED PARTY(IES) NAME AND ADDRESS SOUTH VALLEY STATE BANK
NKA SOUTH VALLEY BANK & TRUST 801 MAIN STREET
P O BOX 5210 KLAMATH FALLS OR 97601

Contact Name: TAMMY STROP

Phone No.: 541 885-3115

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: _____

Phone No.: _____

F. SIGNATURES. In accordance with ORS Chapter 79, ALL SECURED PARTIES must sign UCC-3 Filings.

By: [Signature]

By: _____

By: SOUTH VALLEY BANK & TRUST

By: _____

Secured Party(ies) Signature

Debtor Signature(s) if required

RETURN ACKNOWLEDGMENT LETTER TO: (Include name, address, and identifier for the debtor listed above. Limit the identifier to eight characters. REFER TO INSTRUCTION, NUMBER 7.) Please do not type or print outside of bracketed area.

SOUTH VALLEY BANK & TRUST
P O BOX 5210
KLAMATH FALLS OR 97601

FEES

Make check for \$10.00 payable
to "Corporation Division."
No fee for Termination.

NOTE: Filing fees may be paid with VISA or MasterCard.
The card number and expiration date should be submitted
on a separate sheet of paper for your protection.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 11th day
of September A.D., 19 97 at 11:17 o'clock A M., and duly recorded in Vol. M97
of Mortgages on Page 29757

FEE \$5.00

By [Signature] Bernetha G. Letsch, County Clerk