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

STATE OF OREGON
Corporation Division - UCC
Public Service Building
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Salem, OR 97310-1327
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THIS SPACE FOR OFFICE USE ONLY

K-50140

UCC-3A 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.

R-10-24197

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: Vol. M96 Page 38159(Klamath Cty.) Date Filed 12/6/96

B. TYPE OF AMENDMENT

☒ TERMINATION. (NO FEE) The Secured party certifies thant 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.

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

C. DEBTOR NAME(S)

1. Assisted Living Concepts, Inc.

2.

3.

DEBTOR MAILING ADDRESS:
9955 SE Washington Street
Suite 201
Portland, OR 97216

D. SECURED PARTY(IES) NAME AND ADDRESS
LTC Properties, Inc.
300 Esplanade Drive, Suite 1860
Oxnard, CA 93030

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.

By: LTC Properties, Inc.

By: _____
Secured Party(ies) Signature

By: _____

By: _____
Debtor(s) Signature (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).

Pamela J. Privett,
A Professional Law Corporation
300 Esplanade Drive, Suite 1865
Oxnard, CA 93030

Name:

Fax Number:

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of LTC Properties Inc. the 20th day of October A.D., 19 97 at 11:13 o'clock A. M., and duly recorded in Vol. M97 of Mortgages on Page 34412.

FEE $5.00

Bernetha G. Letsch, County Clerk

By Kaitlin Koen