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## STATE OF OREGON VOL MAN Page 45 STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS AND AMENDMENT Real Property - Form UCC-3A

THIS FORM FOR COUNTY FILING OFFICER USE ONLY

LESTATEMENT is presente	d to the county filing officer cum		nmercial Code.	
1A. Debtor Name(s):	2A. Secured Party N	• •	4A. Assignee of Secured Party (if any):	
J.R. Simplot Company	Metropolitan I	ife Insurance Comp	ny	
1B. Debtor Mailing Address(es):	2B. Address of Secu	rad Party from which security	48. Address of Assignee:	
PO Box 27	information is of	otrinable:		
Boise, Idaho 83707-002	27 1001 South 24t	h Street West		
·	Suite 103	Suite 103 Billings, Montana 59102		
	Billings, Mont	ana 39102		
	nancing Statement number: Vol. M	93, Pg 35266 Date	iled: 12/30/93 . 19	
	Klama	ith Co. Clerk		
I TEMMINATION	The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.			
ASSIGNMENT St	The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the following property. (Describe below)			
CONTINUATION Th	The original financing statement bearing the file number shown above is still effective.  Effective only if submitted within six months prior to expiration date.			
Fr Fr	Error the collected described in the financing statement bearing the file number shown above, the Secured Party releases the			
L HELEASE (o)	lewing: (describe below). Choose one:	Release of all collete	ral Partial release - RELEASE DOES NOT	
XX AMENDMENT FI	TERMINATE DEBT.  Financing statement bearing the file number shown above is amended as described below:			
PLEASE AMEND SECURED PARTY ADDRESS TO: METROPOLITAN LIFE INSURANCE COMPA				
			CULTURAL INVESTMENTS	
			VER REGIONAL OFFICE STORY PARKWAY SHITE 020 Shares 70	
carbon, photographic or other repro-	duction of this form, financing statement	or security agreement serves FIGI	PART PART WAS SERVED OF SCHAPLER 79.	
METROPOLITAN LIFE INS	URANCE COMPANY			
By St.	= 8VD			
	James B. O'Riley, Associa	ate Manager	Debtor signature(s)	
Secured Party Schalle(s)		HUCTIONS	5000. 43	
State. Send the Original to the co 4. After the recording process is com	unty filing officer.  plets of the county filing officer will return  mpany the document. The fee is \$5 pe	the document to the party ind	This form cannot be filed with the Secretary of icated.	
Return to:	(name and address)	Recording Party o	ontact name: James B. O'Riley	
METROPOLITAN LIF	E INSURANCE COMPANY ESTMENTS	Recording Party to	slephone number: <u>(303)694–6280</u>	
DENVER REGIONAL				
5445 DTC PARKWAY	, SUITE 920			
ENGLEWCOD COLOR	ADO SULLI	1		
Please do not typ	e outside of bracketed area.			
X16 94 89				
efb/ウ				
STATE OF OREGON: COUN	NTY OF KLAMATH: ss.		•	
Filad for record at secures of	Matra14	tan Tifa	the 11th day	
•	Metropoli A.D., 19 98 at 2:45			
01	Mortgages	on Page 45		
			tha G. Letsch, County Clerk	
FEE \$5.00		By Kathlu	n Kos	
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