74243

UCC-3

-5 AM 8:27

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STATE OF OREGON
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166

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.: X022747 M93/4836 Date Filed: 3-8-93

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.**

G. AMENDMENT INFORMATION

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

C. DEBTOR NAME(S)

1. Dennis Bloomberg
2.
3.

DEBTOR MAILING ADDRESS:
6666 B St - Springfield OR 97478

D. SECURED PARTY(IES) NAME AND ADDRESS

Larry J Cooper and Ida E Cooper
970 Player DR N - Keizer OR 97303

Contact Name: Larry J Cooper Phone No.: (503) 463 8846

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: Larry J Cooper
By: Ida E Cooper
Secured Party(ies) Signature

By: Dennis Bloomberg
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.

Larry J Cooper and Ida E Cooper
970 Player DR N
Keizer OR 97303-1972

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.

DO NOT SUBMIT DUPLICATES OF THIS FORM and/or ATTACHMENTS.

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day of February A.D., 1999 at 10:27 o'clock A. M., and duly recorded in Vol. M99 of Mortgages on Page 4375.

Linda Smith, County Clerk

FEE $10.00 by Kathleen Rose