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

THIS SPACE FOR OFFICE USE ONLY

Vol\_<u>M99</u> Page 12647

## UCC-3 STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT PLEASE TYPE OR WRITE LEGIBLY, READ INSTRUCTIONS BEFCRE 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 QRS Chapter 79. A carbon, photographic or other reproduction of this form, financing statement or security agreement may be filed as a financing statement under QRS Chapter 79.

this form, financing stetement or security agreement may be filed as a financing stat  A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT	Tarr	
A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENO. 41330, Vol. M97, Pg. 2880 Date Filed 7/21/97  B. TYPE OF AMENDMENT  TERMINATION (NO FEE) The Secured carty satisfies that the	ENI	G. COLLATERAL This area can be used in listing collators
B. TYPE OF AMENDMENT		to be Released, Amendment description
X TERMINATION. (NO FEE) The Secured party certifies that they no lo interest under the financing statement bearing the file number sho	onger claim	and other information.
CONTINUATION. Submitted within six months prior to expiration da	over in SECTION A	
ASSIGNMENT. The Secured Party assigns to the Assignee whose r is shown in SECTION E and bearing the file number shown in SEC		· · · · · · · · · · · · · · · · · · ·
RELEASE. RELEASE DOES NOT TERMINATE DEBT. From the c in the financing statement bearing the file number shown in Secured Party releases the following: (describe in SECTION G.).		
Choose one: Release of all Collateral Parti		
AMENDMENT. Financing statement bearing file number shown amended as described in SECTION G. Signature of Debtor cases.		
C. DEBTOR NAME(S)		
GOLDEN BEAR OIL SPECIALTIES, INC.		
2.		
2		
DEBTOR MAILING ADDRESS:		
10100 Santa Monica Boulevard Suite 470 Los Angeles, California 90067-4183		
Los Angeles, California 90067-4183		
	:	
	è	
D. SECURED PARTY(IES) NAME AND ADDRESS		
D. SECURED PARTY(IES) NAME AND ADDRESS LaSalle National Bank, as Agent LaSalle Street		
D. SECURED PARTY(IES) NAME AND ADDRESS LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603		
LaSalie National Bank, as Agent 135 South LaSalie Street Chicago, Illinois 60603	_5384	
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902	-5384	
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LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)		File with Klamath County, Oregon
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:	F	File with Klamath County, Oregon
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PALASALLE NATIONAL BANK, as Agent	FARTIES must sign (	JCC-3 Filings.
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PALASALLE NATIONAL BANK, as Agent  By: Manual Contact Name	FARTIES must sign (	JCC-3 Filings.
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LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name:	ARTIES must sign U By: By: Debtor	JCC-3 Filings. Signature(s) (if required)
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name:	ARTIES must sign U By: By: Debtor	JCC-3 Filings. Signature(s) (if required)
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LaSalle National Bank, as Agent 35 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PARTICLE NATIONAL BANK, as Agent  By: Secured Party(les) Signature  RETURN COPY TO: (name and address). Please do not type or print  CT Corporation System  Susan Jacoby	ARTIES must sign L  By:  By:  Debtor  outside of bracketed in Name	Signature(s) (if required) Brea. OR, FAX COPY TO: (name and fax number).
LaSalle National Bank, as Agent 35 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PALASALLE NATIONAL BANK, as Agent  By: Secured Party(ies) Signature  RETURN COPY TO: (name and address). Please do not type or print  CT Corporation System  Susan Jacoby 208 S. LaSalle Street	ARTIES must sign L  By:  By:  Debtor  outside of bracketed in Name	Signature(s) (if required) Brea. OR, FAX COPY TO: (name and fax number).
LaSalle National Bank, as Agent 35 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES, in accordance with ORS Statutes, ALL SECURED PARAMETERS (if any)  By: Secured Paray(les) Signature  RETURN COPY TO: (name and address). Please do not type or print Susan Jacoby 208 S. LaSalle Street Suite 814	ARTIES must sign L  By:  By:  Debtor  outside of bracketed in Name	Signature(s) (if required) Brea. OR, FAX COPY TO: (name and fax number).
LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.:  F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PALASALLE NATIONAL BANK, as Agent  By: Secured Party(ies) Signature  RETURN COPY TO: (name and address). Please do not type or print  CT Corporation System  Susan Jacoby 208 S. LaSalle Street	ARTIES must sign L  By:  By:  Debtor  outside of bracketed in Name	Signature(s) (if required) Brea. OR, FAX COPY TO: (name and fax number).
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LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.: Ph	By:  By:  Debtor  outside of bracketed in Fax	Signature(s) (if required)  Brea. OR, FAX COPY TO: (name and fax number).  De:  Number:  FILING OFFICER
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LaSalle National Bank, as Agent 135 South LaSalle Street Chicago, Illinois 60603  Contact Name: Nancy Butler Phone No.: 312/902  E. ASSIGNEE(S) NAME AND ADDRESS (if any)  Contact Name: Phone No.: Ph	By:  By:  Debtor outside of bracketed of bra	Signature(s) (if required)  area. OR, FAX COPY TO: (name and fax number).  ne:  FILING OFFICER  the 8th day