

# UCC-3

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

Vol M99 Page 29234

## 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.: UCC1 Vol M99 Page 26191 Date Filed: Jun 30 1999

### B. TYPE OF AMENDMENT

- 1999 JUL 22 PM 1:08
- ☐ **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. DONALD H. CARTER

2. \_\_\_\_\_

3. \_\_\_\_\_

DEBTOR MAILING ADDRESS: 5215 Peggy Ave.  
Klamath Falls Oregon  
97601

### D. SECURED PARTY(IES) NAME AND ADDRESS

Donald Harley of pritt-carter  
2795 Anderson Ave. #13  
Klamath Falls Oregon 97603 Phone No.: (541) 273-0996

### 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: DA. sp-c

By: \_\_\_\_\_

By: \_\_\_\_\_

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.

0 DONALD H. CARETR  
5215 Peggy Ave.  
Klamath Falls Oregon  
97601

State of Oregon, County of Klamath  
Recorded 7/22/99, at 1:08 p. m.  
In Vol. M99 Page 29234

By Linda Smith,  
County Clerk

Fee \$ 5.00

DO NOT SUBMIT DUPLICATES OF THIS FORM AND/OR ATTACHMENTS.

FORM No. UCC-3  
Stevens-Ness Law Publishing Co.  
Portland, OR 97204 - (503) 223-3137