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1999 SEP 15 MI 8: 18

STATE OF OREGON Corporation Division - UCC

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## UCC-3 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 This area can be used in listing collateral 43682 Date Filed: 8/15/97 to be Released, Amendment description. **B. TYPE OF AMENDMENT** and other information. **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. Debtors' Addresses are changed 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.). 220 Porter Drive, Suite 100 San Ramon, CA 94583 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 Secured Party's name is changed to: C. DEBTOR NAME(S) Chase Bank of Texas, N.A., PACPIZZA, LLC as Agent PACPIZZA LEASING CO., LLC State of Oregon, County of Klamath Recorded 9/15/99, at 8:18 a m In Vol. M99 Page 36 755 **DEBTOR MAILING ADDRESS:** Linda Smith, 2000 Crow Canyon Plaza, Suite 260 County Clerk FeeS 5 🖆 San Ramon, CA 94583 D. SECURED PARTY(IES) NAME AND ADDRESS Texas Commerce Bank National Association, as Agent 712 Main Street Houston, TX 77002 Contact Name: E. ASSIGNEE NAME AND ADDRESS (if any) Contact Name: Phone No.: F. SIGNATURE\$. In accordance with ORS Statutes, ALL SECURED PARTIES must sign UCCO Filings Secured Party(ies) Signature Debtor Signature(s) (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)

UCC3 (Rev. 7/95)

Capitol Services, Inc. P.O. Box 1831 Austin TX 78767

800/345-4647

Return acknowledgment to:

C.

Fax Number: \_\_\_\_

Name: