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STATE OF OREGON
Corporation Division - UCC
Public Service Building
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Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166

THIS SPACE FOR OFFICE USE ONLY

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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

No.: M95 page 1894

Date Filed: 1/26/95

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.
- ☒ **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. Timm Burr, Inc.

2. _____

3. _____

DEBTOR MAILING ADDRESS:

12952 Crystal Springs Road
Klamath Falls, OR 97603

D. SECURED PARTY(IES) NAME AND ADDRESS

Robert A. Kent and Sally M. Kent
411 Pine Street
Klamath Falls, OR 97601

Contact Name: W. Brandsness Phone No.: 541/882-6616

E. ASSIGNEE NAME AND ADDRESS (if any)

Contact Name: _____ Phone No.: _____

F. SIGNATURES. In accordance with ORS Statutes, ALL SECURED PARTIES must sign UCC-3 Filings.

By: Robert A. Kent

By: _____

By: Sally M. Kent

By: _____

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).

William P. Brandsness
411 Pine Street
Klamath Falls, OR (&ç)!

Name: _____

Fax Number: _____

Standing and cut timber
on property described as:

Parcel 1: The West 850
feet of Lot 9 in Block 17,
Excepting the North 400
feet, KLAMATH FALLS FOREST
ESTATES SYCAN UNIT,
according to the official
plat thereof on file in
the office of the County
Clerk of Klamath County,
Oregon.

Parcel 2: The Southerly
415 feet of the Easterly
1035 feet of Lot 10, Block
7, KLAMATH FALLS FOREST
ESTATES SYCAN UNIT,
according to the official
plat thereof on file in
the office of the County
Clerk of Klamath County,
Oregon.

State of Oregon, County of Klamath
Recorded 9/24/99, at 11:18 a.m.
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Linda Smith,
County Clerk Fee \$ 5.00