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STATE OF OREGON

Vol M99 Page

STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS AND AMENDMENT

		Real Property - F			
TSICOTANELIERNDE		M FOR COUNTY FILI			
This STATEMENT is preser 1A. Debtor Name(s):					
• •	1	A. Secured Party Name(s):	ì	4A. Assignee of Secured Par	rty (if eny):
KLAMATH FALLS INTER HOSPITAL AUTHORITY		SOUTH VALLEY BANK	C & TRUST		
1B. Debtor Mailing Address(es):	3	B. Address of Secured Par information is obtainable	ty from which security	4B. Address of Assignee:	
500 KLAMATH AVE		5215 SOUTH 6TH ST		j	
KLAMATH FALLS, OR 9	97601	KLAMATH FALLS, OF	R 97603	•	
This statement refers to origina	l Financina Statemen	number: _63322	D-1-	lad: JUNE 18	, 19_ <u>93</u>
	a , menonia ombilbit	VOL M93	PAGE 14533	Med: 30MT 10	, 19
XX TERMINATION	The Secured Party no	longer claims a security int		g statement bearing the file num	mber shown above.
ASSIGNMENT	The Secured Party as statement bearing the	signs to the Assignee whos file number shown above in	e name and address is n the following property.	shown, Secured Party's rights u (Describe below)	inder the financing
CONTINUATION	The original financing	statement bearing the file n	umber shown above is	still effective.	₹
RELEASE	From the collateral de	ffective only if submitted wit scribed in the financing stat slow). Choose one:	ement bearing the file r	umber shown above, the Secur	
AMENDMENT	TERMINATE DEBT.		- T	L The second	THE FOET HOT
L AMENUMENT	rmanang siziement b	earing the file number show	wn above is amended a	s described below:	
		49	E 4		
•		# A	W 1		
A carbon, photographic or other re	production of this form,	financing statement or sec	urity agreement serves	as a financing statement under	ORS Chapter 79.
SOUTH VALLEY	STATE BANK				
10				· · · · · · · · · · · · · · · · · · ·	
of James a			Th	4	j
Secured Party signalure	9(s)	\leftarrow	<u> </u>	Debtor cignature(s)	
Secured Party signature	9(s)	INSTRUCT	ONS	Debtor cignature(s)	
	2000 p(s)	INSTRUCT	IONS	Debtor cignature(s)	
Secured Party signature 1. PLEASE TYPE THIS FORM. 2. If the space provided for any it	em(e) on this form is in	adequate, the item(s) shoul	d be continued on addi	ional cheets. Only one conv of	such additional
Secured Party signature 1. PLEASE TYPE THIS FORM. 2. If the space provided for any it sheets need to be presented to	em(s) on this form is inc the county filing office	adequate, the item(a) should r. DO NOT STAPLE OR T.	d be continued on addit APE ANYTHING TO TH	ional sheets. Only one copy of IIS FORM.	
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Linda Smith, County Clerk Fee\$ 500