170 FED 24 UCC-3

131 13: 53STATE OF OREGON Corporation Division – UCC 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327 (503) 986-2200 Facsimile (503) 373-1166

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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

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT	G. AMENDMENT INFORMATION
No.:	Use this area to list collateral 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. ☐ 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 	Addition of collateral: Add to UCC-1 Case Numbe 00-34 and all related endorsements front and back. Add Oregon commercial driver license 3278537
described in the financing statement bearing the file number shown in SECTION A,	and all related endorse
the Secured Party releases the following: (describe in SECTION G) Choose one: Release of all Collateral Partial Release	ments front and back.
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)	State of Oregon, County of Klamath Recorded 2/24/00, at 10.58 m. In Vol. M00 Page 56.7/
1. Floyd B. Howe	
2	
3.	County Clerk Fee\$ 21
DEBTOR MAILING ADDRESS: 153 Wendling St.	
Klamath Falls, Or. 97601	
D. SECURED PARTY(IES) NAME AND ADDRESS Floyd Bradley; of howe	
in careef 153 Wendling St., near Klamath Falls,	
Contact Name: Oregon. PZ(97601) Phone No.:	
E. ASSIGNEE NAME AND ADDRESS (If any)	
Contact Name: Phone No.:	
F. SIGNATURES. In accordance with ORS Chapter 79, ALL SECURED PARTIES must sig	ņ UCC-3 Filings.
By:	Carrier
By: By:	
Secured Party(ies) Signature Debtor Signature	s) if required

Klamath Falls, Or. 97601

Make check for \$10.00 payable to "Corporation Division." No fee for Termination.

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted

on a separate sheet of paper for your protection. DO NOT SUBMIT DUPLICATES OF THIS FORM AND/OR ATTACHMENTS.

FORM No. UCC-3 NS Stevens-Ness Law Publishing Co.

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