This space rese	erved for Count	y Filing Offic	er use only	19	PH	2:	21	

STATE OF OREGON

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STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS AND AMENDMENT REAL PROPERTY - FORM UCC-3A

THIS FORM FOR COUNTY FILING OFFICER USE ONLY This STATEMENT is presented to the county filing officer pursuant to the Colforn Counterful Code.								
1A. Debtor Name(s): SOUTHERN OREGON CHRISTIAN SUPPLY INC 1B. Debtor Mailing Address(es): 315 E MAIN STREET MEDFORD, OR 97501	KeyBank Nation FKA: KeyBank (2B. Address of Sec security informatio 2 EAST MAIN	2A. Secured Party Name(s): KeyBank National Association FKA: KeyBank of Oregon 2B. Address of Secured Party from which security information is obtainable: 2 EAST MAIN MEDFORD, OR 97501		4A. Assignee of Secured Party (if any): 4B. Address of Assignee:				
ASSIGNMENT The Secured Party ass bearing the file number CONTINUATION The original financing s RELEASE From the collateral des following: (describe bel	longer claims a security in signs to the Assignee who: r shown above in the foliov statement bearing the file r Effective only if submitte scribed in the financing sta	terest under the se name and add wing property. (De number shown all de within six mont attement bearing the sese of all collate	financing statem fress is shown, escribe Below) bove is still effec hs prior to expira he file number s rai ∏ Partial rel	ation date. hown above, the Secured Party releases the ease - RELEASE DOES NOT TERMINATE DEBT.				
Debtor hereby authorizes the Secured Party to reconfinancing statement under ORS Chapter 79.	rd a carbon, photographic By:	By: Required signature(s)						
	INST	TRUCTIONS						
need to be presented to the county filing officer This form (UCC-3A) should be recorded with the State. Send the Original to the county filing officers.	r. DO NOT STAPLE OR the county filing officers whiteer. ounty filing officer will return document. The fee is \$5 p	TAPE ANYTHIN ho record real est rn the document per page.	G TO THIS FO tate mortgages.	This form cannot be filed with the Secretary of cated. The printed termination statement below may				
o. De sure that the infancing statement has been	properly signed. Do not s	agit the termination	on statement (De	low) until this document is to be terminated.				
Return to: (name and KEYBANK NATIONAL ASSOCIATION WESTERN LOAN SERVICES ATTN: ROSALIE #18 P.O. BOX 5278 ID-56-PC-0125 BOISE ID 83705 Please do not type outside of	ON		Recording Party This statement of pursuant to the longer claims a	recontact name:				
			Si Re	tate of Oregon, County of Klamath corded 04/19/00, at 2/2/ p. m.				

Linda Smith, County Clerk Fee\$ 2/2