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STATE OF OREGON  
Corporation Division - UCC  
Public Service Building  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327  
(503) 986-2200 Facsimile (503) 373-1166

CC Klamath  
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 10 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. 9117 M95/31146

Date Filed: 11-15-95

**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. APPLEGATE RESTAURANTS, INC.

2. RACHOR, JOHN V.

3. See Extension Sheet for Additional Debtor Names

DEBTOR MAILING ADDRESS:  
1881 CRATER LAKE HIGHWAY  
MEDFORD, OR 97501  
2923 WILKSHIRE DR  
MEDFORD, OR 97501  
2923 WILKSHIRE DR.  
MEDFORD, OR 97501

**D. SECURED PARTY(IES) NAME AND ADDRESS** X00339  
Citicorp North America, Inc.

2600 Michelson, Suite 1200

Irvine, CA 92715

Contact Name:

Phone No.:

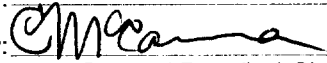

**E. ASSIGNEE(S) NAME AND ADDRESS**

Contact Name:

Phone No.:

**F. SIGNATURES.** In accordance with ORS Statutes, ALL SECURED PARTIES must sign UCC-3 Filings.  
Citicorp North America, Inc.

APPLGATE RESTAURANTS, INC.

By:   
By:  **ATTORNEY-IN-FACT**  
Secured Party(ies) Signature

By: **DEBTOR SIGNATURE NOT REQUIRED**

By: Debtor Signature(s) (if required)

RETURN COPY TO (name and address). Please do not type or print outside of bracketed area. FAX COPY TO (name and fax number).

UCC Direct Services 748279.1-30-1  
P.O. Box 29071  
Glendale, CA 91209-9071

Name: \_\_\_\_\_

(818) 662-4141  
Fax Number: \_\_\_\_\_



## EXTENSION SHEET FOR UNIFORM COMMERCIAL CODE FINANCING STATEMENTS

STATE OF Oregon

Debtor

Secured Party

1.0

APPLEGATE RESTAURANTS, INC.

Citicorp North America, Inc.

1881 CRATER LAKE HIGHWAY

2600 Michelson, Suite 1200

MEDFORD, OR 97501

Irvine, CA 92715

Please index this filing to all additional Debtor names  
and/or addresses as listed below:

## ADDITIONAL DEBTOR NAMES :

RACHOR, SUSAN L.  
APPLEGATE RESTAURANTS, INC., JOHN V  
RACHOR, SUSAN L.  
RACHOR

State of Oregon, County of Klamath

Recorded 05/30/00, at 9:27 a. m.

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Linda Smith,  
County Clerk Fee \$ 26<sup>00</sup>

DEBTOR SIGNATURE NOT REQUIRED

Debtor

Secured Party