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STATE OF OREGON
Corporation Division - UCC
Public Service Building
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THIS SPACE FOR OFFICE USE ONLY

01 MAY 10 AM 9:51

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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.: Vol. M-99 Page 26171 Date Filed: 6-30-99

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.

G. COLLATERAL

This area can be used in listing collateral to be Released, Amendment description, and other information.

Addition of collateral:
Add to UCC-1 Case Number
00-34CR and Case Number
00-3207CR and all related
documents front and back.

C. DEBTOR NAME(S)

1. FLOYD B. HOWE

2. _____

3. _____

DEBTOR MAILING ADDRESS:

PO Box 302
Sprague River, Or. 97639

D. SECURED PARTY(IES) NAME AND ADDRESS

Floyd Howe
PO Box 302
Sprague River, Or. 97639

Contact Name: Floyd Howe Phone No.: 541-533-2452

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: [Signature]

By: _____
Secured Party(ies) Signature

By: [Signature]

By: _____
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).

Floyd Howe
PO Box 302
Sprague River, Or. 97639

Name: _____

Fax Number: _____