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STATE OF OREGON
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UCC-3A 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.: 23504 BKM96 * / Date Filed: 08-20-96

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. WALTER B. STALLCUP
2. _____
3. _____

DEBTOR MAILING ADDRESS:
726 CARDLEY AVENUE
MEDFORD, OR 97504

D. SECURED PARTY(IES) NAME AND ADDRESS X00339

Sanwa Business Credit Corporation
One South Wacker Drive
Chicago, IL 60606

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.

By: [Signature] **Attorney In Fact**
Secured Party(ies) Signature

By: WALTER B. STALLCUP
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).

et: [Signature]
UCC Direct Services 1117079.1-30-1
P.O. Box 29071
Glendale, CA 91209-9071

Name: _____
(818) 662-4141
Fax Number: _____

(1) FILING OFFICER