DECC FINANCING STATEMENT AMENDMENT DILLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignies in item 7s or 7b and address of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing this Termination Continued for the additional period provided by applicable law. SASIGNMENT (full or partial): Give name of assignies in item 7s or 7b and address of assignee in item 7c, and address of assignee in item 7c and address of the following three boxes and provide appropriate information in interns 6 and/or 7. SASIGNMENT (full or partial): Give name of assignies in item 7s or 7b and address of assignee in item 7c, and address of the following three boxes and provide appropriate information in items 6 and/or 7. SOUNDED THE ABOVE SPACE IS FOR FILING OFFICE USE TO SUMME THE ABOVE SPACE IS FOR FILING OFFICE USE FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME	CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Firth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE OI INTITULE FINANCING STATEMENT FILE * Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation is secured to the Secured Party authorizing the Secured Party authorizing the Secured Party authorizing the Secured Party authorizing	CC FINANCING STATEMENT AMENDMENT CLIUM INSTRUCTIONS (front and back) CAREFULLY I. NAME & PHONE OF CONTACT AT FILER (optional) I. SEND ACKNOWLEDGMENT TO: (Name and Address) [Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, OR FOR THE SPACE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, OR FOR THE SPACE OF THE ABOVE SPACE IS FOR FILING OFFICE USE ON PORTLAND, OR FOR THE SPACE OF THE ABOVE SPACE OF THE SPAC	JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PRIOR OF CONTACT AT FILER (optional) 3. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A, Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON a. INTIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is lammated with respect to security interest(s) of the Secured Party authorizing this Termination's Continuation Statement identified above in lammated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest according to the Secured Party authorizing this Continuation Statement identified above with respect to security interest interest (s) of the Secured Party authorizing this Continuation Statement identified above with respect to secured Party authorizing this Continuation Statement identified above with respect to secured Party authorizing the Secured Party authorizing the Secured Party authorizing the Secured Party authorizing the S	CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS (front and back) CAREFULLY NAME A PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) [Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 [THE ABOVE SPACE IS FOR FILING OFFICE USE O INTIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 [TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party subtotrary Bris Termination CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party subtotrary Bris Termination CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party subtotrary Bris Termination continued for the additional period provided by applicable law. AMENDMENT (FARTY INFORMATION): The Amendment affects [Debtor or additional party of record. Check onlying got these two boxes. AND check org of the following three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND check org of the following three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND check org of the following three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND check org of the following three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND CHANGES man and checking three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND CHANGES man and checking three boxes and provide appropriate information in Island Secured Party of record. Check onlying of these two boxes. AND CHANGES man and checking three boxes and provide	UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFF! 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 THE ABOVE SPACE IS FOR FILING OFF! 1b. This FINANCING STATEMENT FILE # TO be filed (for record) REAL ESTATE RECC 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. A SSIGNMENT (full or partial): Give name of assignee in litem 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. Also check one of the following three boxes and provide appropriate information in items 8 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new Index of finance trancips in item 7a or 7b and or finance trancips in item 7a	.ING OFFICE USE O NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
ICC FINANCING STATEMENT AMENDMENT DILLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) E. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 I TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminatic Continued for the additional period provided by applicable law. I AMENDMENT (full or partial): Give name of assignee in item 72 or 75 and address of assignee in item 7c; and also give name of assigner in item 8 and/or 7. AMENDMENT (full or partial): Give name of assignee in item 8 and/or 7. CHANGE name and/or address: Give current record name in item 6s or 6b; also give new Insure dailegil on the more dailing in item 7a or 75 and address of the financing of these two boxes. Report of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 8a and/or 7. CHANGE name and/or address: Give current record name in item 8a or 6b; also give new Insure 6 and/or 7. CHANGE Name and/or address: Give current record name in item 8a or 6b; also give new Insure 6a or 6b. CURRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME CHANGE NEW OR ADDED INFORMATION: 75. ORGANIZATION'S NAME CHANGE (INSU) OR ADDED INFORMATION: 75. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stocel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 L. Send Ave., Suite 2600 Portland, Oregon 97204-1268 In THE ABOVE SPACE IS FOR FILING OFFICE USE ON THE ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing Statement for the sendence of the financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional participation provided by applicable law. MASSIGNMENT (full or partial): Give name of assignee in litem 7c and also give name of assigner in item 9. AMEDIMENT (PARTY INFORMATION): This Amendment affects Decitor or Secured Party authorizing this Continuation in Items 6 and/or 7. CHANGE name and/or address. Give current record name in Intensic Decitor or Secured Party authorizing this Continuation in Items 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE NEW OR ADDED INFORMATION: GE. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME OTY STATE POSTAL CODE ATT TO POSTAL CODE To INDIVIDUAL'S LAST NAME MIDDLE	INTITULE FINANCING STATEMENT AMENUMENT LIOW INSTRUCTIONS (front and back) CAREFULLY LIAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above in terminated with respect to security interest(s) of the Secured Party suthorizing this Termination STATEMENT AME THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party suthorizing this Termination STATEMENT AME To be filed for record for recording the continuation of the additional participation provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in filem 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Continuation in items 6 and/or 7. CIANAGE arms and/or address. Give current record name in item 6 or 05. CIANAGE arms and/or address. Give current record name in item 6 or 05. CIANAGE arms and/or address. Give current record name in item 6 or 05. CURRENT RECORD INFORMATION: So ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MALING ADDRESS CTY STATE POSTAL CODE TAX ID #: SSN GR EIN ADDL INFORMATION 7g. ORGANIZATION 7g. ORGANI	ASSIGNMENT ((All or partial): Give name of assignee in item 72 or 7b and address of assignee in item 72, and also give name of assignee in item 72. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor 12 Secured Party authorizing this Continuation Statement affects Debtor 12 CURRENT RECORD INFORMATION: The Amendment affects Debtor 12 CURRENT RECORD INFORMATION: Complete item 72 or 7b and address of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 8c. and continuation of assignee in item 7c. and also give name of assignee in item 8c. and continuation of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name and/or address. Give arrest record name in item 8c and side 7c. Or and the additional period provided by address and address of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name	CC FINANCING STATEMENT AMENULLY NAME & PHONE OF CONTACT AT FILER (potional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Firth Ave., Suite 2600 Portland, Oregon 97204-1268 INITIAL FINANCING STATEMENT FILE & Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above its terminated with respect to security interest(s) of the Secured Party suthorizing this Termination continued for the additional period provided by applicable law. AMENDMENT (full or partial): Give name of assignee in filem 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor to Secured Party of the Secured Party suthorizing this Continuation State continued for the following three tooks and provide appropriate information in items 6 and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Continued for the following three tooks and provide appropriate information in items 6 and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Continued for the following three tooks and provide appropriate information in items 6a and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Debtor	UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATE to be filed (for record) REAL ESTATE RECC 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only pig of these two boxes. Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE THANK THE PROVIDENT OF The and address of address (if address change) in item 7c. B. CHANGE THANK THE PROVIDENT OF The and address of address (if address change) in item 7c. CHANGE THANK THE PROVIDENT OF THE	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
ICC FINANCING STATEMENT AMENDMENT DILLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) E. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 I TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminatic Continued for the additional period provided by applicable law. I AMENDMENT (full or partial): Give name of assignee in item 72 or 75 and address of assignee in item 7c; and also give name of assigner in item 8 and/or 7. AMENDMENT (full or partial): Give name of assignee in item 8 and/or 7. CHANGE name and/or address: Give current record name in item 6s or 6b; also give new Insure dailegil on the more dailing in item 7a or 75 and address of the financing of these two boxes. Report of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 8a and/or 7. CHANGE name and/or address: Give current record name in item 8a or 6b; also give new Insure 6 and/or 7. CHANGE Name and/or address: Give current record name in item 8a or 6b; also give new Insure 6a or 6b. CURRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME CHANGE NEW OR ADDED INFORMATION: 75. ORGANIZATION'S NAME CHANGE (INSU) OR ADDED INFORMATION: 75. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stocel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 L. Send Ave., Suite 2600 Portland, Oregon 97204-1268 In THE ABOVE SPACE IS FOR FILING OFFICE USE ON THE ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing Statement for the sendence of the financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional participation provided by applicable law. MASSIGNMENT (full or partial): Give name of assignee in litem 7c and also give name of assigner in item 9. AMEDIMENT (PARTY INFORMATION): This Amendment affects Decitor or Secured Party authorizing this Continuation in Items 6 and/or 7. CHANGE name and/or address. Give current record name in Intensic Decitor or Secured Party authorizing this Continuation in Items 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE name and/or address. Give current record name in Item 6 and/or 7. CHANGE NEW OR ADDED INFORMATION: GE. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME OTY STATE POSTAL CODE ATT TO POSTAL CODE To INDIVIDUAL'S LAST NAME MIDDLE	INTITULE FINANCING STATEMENT AMENUMENT LIOW INSTRUCTIONS (front and back) CAREFULLY LIAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above in terminated with respect to security interest(s) of the Secured Party suthorizing this Termination STATEMENT AME THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party suthorizing this Termination STATEMENT AME To be filed for record for recording the continuation of the additional participation provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in filem 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Continuation in items 6 and/or 7. CIANAGE arms and/or address. Give current record name in item 6 or 05. CIANAGE arms and/or address. Give current record name in item 6 or 05. CIANAGE arms and/or address. Give current record name in item 6 or 05. CURRENT RECORD INFORMATION: So ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MALING ADDRESS CTY STATE POSTAL CODE TAX ID #: SSN GR EIN ADDL INFORMATION 7g. ORGANIZATION 7g. ORGANI	ASSIGNMENT ((All or partial): Give name of assignee in item 72 or 7b and address of assignee in item 72, and also give name of assignee in item 72. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor 12 Secured Party authorizing this Continuation Statement affects Debtor 12 CURRENT RECORD INFORMATION: The Amendment affects Debtor 12 CURRENT RECORD INFORMATION: Complete item 72 or 7b and address of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 8c. and continuation of assignee in item 7c. and also give name of assignee in item 8c. and continuation of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name and/or address. Give arrest record name in item 8c and side 7c. Or and the additional period provided by address and address of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name of assignee in item 7c. and also give name	CC FINANCING STATEMENT AMENULLY NAME & PHONE OF CONTACT AT FILER (potional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Firth Ave., Suite 2600 Portland, Oregon 97204-1268 INITIAL FINANCING STATEMENT FILE & Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above its terminated with respect to security interest(s) of the Secured Party suthorizing this Termination continued for the additional period provided by applicable law. AMENDMENT (full or partial): Give name of assignee in filem 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor to Secured Party of the Secured Party suthorizing this Continuation State continued for the following three tooks and provide appropriate information in items 6 and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Continued for the following three tooks and provide appropriate information in items 6 and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Continued for the following three tooks and provide appropriate information in items 6a and 67. CIANGE: name and/or address. Give current record name in item 6a or 5b; also give news Debtor Debtor	UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATE to be filed (for record) REAL ESTATE RECC 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of essignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
DLLOW INSTRUCTIONS (front and back) CAREFULLY INAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional period provided by applicable law. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Debtor of Termination of the Secured Party of record. Check only one of sessions in item 7c. CHANCES near and or address. Give current record name in lame for 6 or 8th also give name and or address. Give a tracer for a part in item 7c. CHANCES near and or address. Give current record name in lame for 6 or 8th also give name. CHANCES near and or address. Give current record name in lame for 6 or 8th also give name. CHANCES name and or	OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stocel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE OF a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TO THE ABOVE SPACE IS FOR FILING OFFICE USE OF a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 THE ABOVE SPACE IS FOR FILING OFFICE USE OF be filed for record of recorded REAL ESTATE RECORDS. THE ABOVE SPACE IS FOR FILING OFFICE USE OF Internation of the Above space of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination of REAL PROPERTY AUTHORIZING IN TERMINATION: Encountered for the additional period provided by applicable law. The ABOVE SPACE IS FOR FILING OFFICE USE OF THE ABOVE SPACE IS FOR FILING	DLLOW INSTRUCTIONS (front and back) CAREFULLY INAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S GONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S Continuation of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party authorizing this Continuation Statem continued for the following three boxes and provide appropriate information in items 8 and/or 7. GHANGE name and/or address: Give current record name in litem 6a or 6b; also give name Debtor or Debtor	OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) 3. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 Wolume M97, Page 24695, filed on 7/31/1997 THE ABOVE SPACE IS FOR FILING OFFICE USE ON a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable in the financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement in the statement of the additional period provided by applicable in the financing Statement in the statement in the statement of the additional period provided by applicable in the financing Statement in the statement	LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE O INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(o) of the Secured Party sulhorizing this Continuation State continued for the additional period provided by applicable law. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record and easignee in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record and easignee of the following three boxes and provide appropriate information in items 8 and/or 7. CHANGE name and/or address, Give current record name in item 6 as 60; site of the name of the secure of the party of record name and/or address. CURRENT RECORD INFORMATION: Record Party of record content of the following three boxes and provide appropriate information in items 8 and/or 7. CHANGE name and/or address, Give current record name in item 6 as 60; site of the name Record Party of record name ADD name: Complete items 72; or CURRENT RECORD INFORMATION: Record Party of record name MIDDLE NAME Record Party of record name MIDDLE NAME Record Party Name MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MID	FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFF! 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATE is to be filed (for record) First to be filed (for	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
NAME & PHONE OF CONTACT AT FILER (optional) D. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE B. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 The ABOVE SPACE IS FOR FILING OFFICE USE B. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 To be filed for record) for record CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Terminatic Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only pag of these two boxes. Also check gag of the following three boxes and provide appropriate information in items & and/or 7. CHANGE name and/or address: Give current record name in item face of the size of	A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 In Intital Financing Statement Files Volume M97, Page 24695, filed on 7/31/1997 In Insurance Center 10 The ABOVE SPACE IS FOR FILING OFFICE USE OF 10 The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identifie	I. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON This FINANCING STATEMENT AND to be filled for record or recorded) For Expansion of the Financing Statement identified above in terminated with respect to security interest(s) of the Secured Parry authorizing this Termination Statement or address of the Financing Statement identified above with respect to security interest(s) of the Secured Parry authorizing this Termination Statement or address of the following period provided by applicable law. WA ASSIGNMENT (viat or partial): Give name of assignee in filler 7 or 75 and address of assignee in item 7 c; and alto give name of assignor in filer 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Parry of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the address of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the following three boxes and provide appropriate information in items 8 arctior 7. In the firm of the	A. NAME & PHONE OF CONTACT AT FILER (optional) 3. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON portland of the Secure Property of Foreign Space Information of the Secure Property of Foreign Space Information of the Secure Property of Foreign Space Information of the Secure Property of the Secure Property of the Secur	SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 The ABOVE SPACE IS FOR FILING OFFICE USE O INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is termanised with respect to security interestly) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interestly) of the Secured Party authorizing this Continuation State continues for the additional period provided by applicable law. ASSIGNMENT (flut or partial): Give name of assignee in item 7 as 7 to and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Complete tem 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Complete tem 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Complete tem 7c; and also give name of assignor in item 9. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. CHANGE name and/or address. Give current record name in item 6 and/or 7. The Total address of the following time 6 and 6 or 6b. and/or 7. The Total address of the following time 6 and 6 or 6b. and/or 7. The Total address of	A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT FILE # To be filed (for record) REAL ESTATE RECC. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this continued for the additional period provided by applicable law. 1. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE Temme and/or address: Give current record name in item 5a or 6b; also give new Interest (sive record name Interest) and the page of the secure of the file of the and in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE Temme and/or address: Give current record name in item 5a or 6b; also give new Interest (sive record name Interest) and the page of the secure of the file of the file of the secure of th	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 Initial Financing Statement File # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement (duting the additional period provided by applicable law. AssignMeNT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only ong of these two boxes. Also check and of the following three boxes and provide appropriate information in items 6 and/or 7. CURRENT RECORD INFORMATION: Sa ORGANIZATIONS NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE OF a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Parry authorizing this Termination is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignees in item 7c, and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Parry authorizing this Continuation Statement education in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 8a or 8b; also give new new and the secure of the provided provided provided information in items 6 and/or 7. CURRENT RECORD INFORMATION: GB. DRIGAMIZATIONS NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: CSPB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME ORGANIZATIONS NAME CSPB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME ADDL INFORMATION: CANALING ADDRESS TYPE OF ORGANIZATION 76. ORGANIZATION S NAME CANALING ADDRESS TYPE OF ORGANIZATION 77. JURISDICTION OF ORGANIZATION 78. ORGANIZATION TO TO STATE ORGANIZATION 79. ORGANIZATION TO TO STATE ORGANIZATION 79. ORGANIZATION TO TO STATE ADDL INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1/8 TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 79. ORGANIZATION TO	SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Institute Financing Statement is described above in terminated with respect to security interest(s) of the Secured Party sulhorizing Pita Terminators S OONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party sulhorizing Pita Terminators S OONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party sulhorizing Pita Terminators S ASSIGNMENT (full or partial): Give name of assignee in item 7 a or 7 b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing pita Termination Statem Pitalogy of the following three boxes and provide appropriate information in items 8 and/or 7. GHANGE rame and/or address. Give current record name in item 6 are 650; also give new Temper of the control of the provide appropriate information in items 8 and/or 7. GHANGE rame and/or address. Give current record name in item 6 are 650; also give new Temper of the control o	SEND ACKNOWLEDGMENT TO: (Name and Address) Change Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON This FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional pend provided by applicable law. A ASSIGNMENT (full or partial): Give name of assignee in item 7 ar 70 and address of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 ardior 7. CHANGE mane and/or address. (Give current road name in items of the secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 ardior 7. CHANGE mane and/or address. (Give current road name in items of the secured party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 ardior 7. CHANGE (ACCORD INFORMATION): Ga. ORGANIZATION S NAME FIRST NAME MIDDLE NAME MIDDLE NAME A ASIGNAL LAST NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME A ASIGNAL LAST NAME FIRST NAME MIDDLE NAME A ASIGNAL LAST NAME A CHANGE ORGANIZATION TO FORGANIZATION T	SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 INSTITUTE FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination continued for the additional period provided by applicable law. MASIGNMENT (Valid or partial): Give name of assignee in item 7 ac 77 to and additional period provided by applicable law. MASIGNMENT (Valid or partial): Give name of assignee in item 7 ac 70 and additional period provided by applicable law. MASIGNMENT (Valid or partial): Give name of assignee in item 7 ac 70 and additional period provided by applicable law. MASIGNMENT (Valid or partial): Give name of assignee in item 5 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also check gag of the following three boxes and provide appropriate information in items 6 ardidor 7. Also deck gag of the following three boxes and provide appropriate information in items 6 ardidor 7. BELETE name: Give record name of assignment for 6 for 60. BELETE name: Give record name in it	B. SEND ACKNOWLEDGMENT TO: (Name and Address) Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFF! 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 This FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new among the name (finame change) in item 7a or 7b and/or new address (fi address change) in item 7c. Ge. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement of continued for the additional period provided by applicable law. ASSIGNMENT (luft or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assigner in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check gas of the following three boxes and provide appropriate internation in internation in times 8 and/or 7. CHANGE name and/or address: Give current record name internation in times 8 and/or 7. CHANGE name and/or address: Give current record name internation in times 8 and/or 7. CHANGE name and/or address: Give current record name internation in times 8 and/or 7. CHANGE name and/or address: Give current record name internation in times 8 and/or 7. CHANGE name and/or address: Give current record name internation in times 8 and/or 7. CHANGE name and/or address: Give current record name address (factores change) in time 7. CHANGE Name Control INFORMATION: (Bit ORGANIZATION'S NAME CHANGE (NEW) OR ADDED INFORMATION: (FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME ATAIL POSTAL CODE To INDIVIDUAL'S LAST NAME (CHANGE NEW) OR ADDED INFORMATION: (FIRST NAME ATAIL POSTAL CODE To INDIVIDUAL'S LAST NAME (CHANGE NEW) OR ADDED INFORMATION: (FIRST NAME ATAIL POSTAL CODE To INDIVIDUAL'S LAST NAME (CHANGE NEW) OR ADDED INFORMATION: (FIRST NAME ATAIL POSTAL CODE (TY) (FIRST NAME ATAIL POSTAL CODE (TY) (FIRST NAME ATAIL POSTAL CODE (TY)	Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing Statement Amount of the Above With Insurance Centre of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement on the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only gog of these two boxes. Asso check gog of the following three boxes and provide appropriate information in information in intem 5 and/or 7. CHANGE name and/or address: Give current record name in flam 6a or 6b; also give new or 10 be dealed in item 6a or 6b; and 10 be followed three boxes and provide appropriate information in intem 7. CURRENT RECORD in FORMATION: Go ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME In MIDDLE NAME In MIDDLE NAME In ADDL INFORMATION: To ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC To INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME In ADDL INFORE 76, TYPE OF ORGANIZATION 76, ORGANIZATIONALID IN 16 and 10 and 1	Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Refueltors and the field for recorded Party authorizing the Intermination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this authorized Party authorizing this authori	Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE O INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 This Financing Statement identified above is lammated with respect to security interest(s) of the Secured Party authorizing this Termination continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignee in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing this Continuation State on the financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation State continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignee in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing this Continuation State on the financing Statement and/or address. Give current record name in item 6a or 6b; also give name and/or address. Give current record name in item 6a or 6b; also give name of assignee in item 9. ADD name: Complete item 7a or 7b and address (if address change) in item 7c. BELETE name: Give record name In the first or 6b; and/or new address (if address change) in item 7c. BELETE name: Give record name In the first name In the debted in item 6a or 6b. Complete item 7c; also complete ite	Christine A. Kosydar, Esq. Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this 1c. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name of finame change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 Initial Financing Statement Files Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (finame change) in item 7a or 7b and/or sex change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME	Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 To be filed for record (or recorded) FRAL ESTATE RECORDS. CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statem continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Debtor or Continuation Statem continued for looking three boxes and provide appropriate information in items 6 and/or 7. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME C. CHANGE name and/or address: Give current record name in item 6 are obtained by a state of the provide appropriate information in items 6 and/or 7. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME C. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME C. CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME AMENDMENT (COLLATERAL CHANGE): check only age box.	Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave, Suite 2600 Portland, Oregon 97204-1268	Stoel Rives LLP Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 18. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 The Above Space is for Filing OFFI 10. This FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing STATEMENT AM To be filed for record) (or recorded) TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional participation of the additional participation of the statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional participation of the additional participation of the statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional participation of the additional participation of the statement of the additional participation of the additional participation of the additional participation of the secured Party authorizing this Continuation Statement of the additional participation of the	Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268	Standard Insurance Center 900 SW Fifth Ave., Suite 2600 Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT FILE # REAL ESTATE RECC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new and finame change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminated. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement to dentified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assigner in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new in the man of a particle interest of the secured party authorizing in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME ASSIGNMENT (INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON	Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement on the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name endore address: Give current record name in items 6s or 5is. assignee in item 7a or 7 in the firm 7a or 7a in the	Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE ON	Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFICE USE O INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Continued for the additional period provided by applicable law. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of sasignose in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6 are 6b; also give new DeLETE name: Give record name ADD name: Complete item 7 are 7 benefits of the man 6 are 6b. CURRENT RECORD INFORMATION: FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAXID IS: SEN OR EIN ADDL INFORE 7e, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7fg, ORGANIZATIONAL ID IS; if any 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	Portland, Oregon 97204-1268 THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new lob be deleted in item 6a or 6b. DELETE name: Give record name Deleted in item 7c; also completed in item 6a or 6b. ADD name: Completed in item 7c; also	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
THE ABOVE SPACE IS FOR FILING OFFICE USE a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor of Secured Party of record. Check only one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in Item 6a or 6b; also give new Interest of the deleted in item 6a or 6b. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 This FINANCING STATEMENT AND to be filed flor record) (or recorded REAL ESTATE RECORD). TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional period provided by applicable law. MASSIGNMENT (full or perital): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ASSIGNMENT (full or perital): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. Asso check ong of the following three boxes and provide appropriate information in items 8 and/or 7. CHANGE name and/or address: Give current record name in item 8a or 8b; also give new name (if name change) in litem 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME MIDDLE NAME OR GANIZATION AND ADDED INFORMATION AND ADDED INFORMATION: FIRST NAME MIDDLE NAME MIDDLE NAME ASSIGNMENT AND ADDED INFORMATION AND ADDED IN	THE ABOVE SPACE IS FOR FILING OFFICE USE ON INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S Effectiveness of the Financing Statement identified above is terminated with respect to security i	a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 The ABOVE SPACE IS FOR FILING OFFICE USE ON This Financing Statement (dentified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement (dentified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (dentified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (dentified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. Massignment (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a; and also give name of assignor in item 9. AMENDMENT (Party INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 37. CHANGE name and/or address: Give current record name in item 8a or 8b. also give new DeLETE name: Give record name ADD name: Complete item 7a or 7 item (financ charge) in item 7a or 7b and/or new address (if address change) in item 7c. DeLETE name: Give record name ADD name: Complete item 7a-7a or 7b. CURRENT RECORD INFORMATION:	THE ABOVE SPACE IS FOR FILING OFFICE USE O INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 This Financing Statement and the financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation State continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of essignce in item 7a or 7b and address of assignce in item 7c; and also give name of assignce in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 8b; also give new name of name change) in item 7a or 7b and address change) in item 7c. CHANGE name and/or address: Give current record name in item 6a or 8b; also give new name of name change) in item 7a or 7b and/or new address (if address change) in item 7c. See ORGANIZATION'S NAME CHANGE CROD INFORMATION: See ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MALL STATE POSTAL CODE TAX IO #: SNOR EIN ADDL INFORE 7e, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7g, ORGANIZATIONAL ID #, if any ORGANIZATION CRCANIZATION CRC	THE ABOVE SPACE IS FOR FILING OFFI 1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT for record page 24695, filed on 7/31/1997 1c. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuous for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give name of the manual filems of the following three boxes are provide appropriate information in items 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminatic continued for the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor page Secured Party of record. Check only page of the following three boxes page provide appropriate internity page p	Initial Financing Statement File # Volume M97, Page 24695, filed on 7/31/1997 1b. This Financing Statement (entitled above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statem Continued for the additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Assignment (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Assignment (Party INFORMATION):	Initial Financing Statement File # Volume M97, Page 24695, filed on 7/31/1997 1b. This Financing Statement was to be filed (for record of) or recorded Real Estate Records. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement on the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.	a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT AMI to be filed (for record) for recorded) FIREMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement ocontinued for the additional period provided by applicable law. 2 ASSIGNMENT (full or partial): Give name of assignse in item 7c or 7b and address of assignse in item 7c; and also give name of assignor in item 9. 3 AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only gage of these two boxes. 4 Associated Party of record. Check only gage of these two boxes and party of record. Check only gage of these two boxes. 5 AMENDMENT (Party INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party authorizing this Termination Statement deaths and party authorizing this Termination Statement deaths assigned in item 7c; and also give name of assigned in item 9c. 6 Debtor α □ Secured Party of record. Check only gage bo	INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filled on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects □ Debtor ∞ □ Secured Party of record. Check only ong of these two boxes. Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE mame and/or address: Give current record name in item 6a or 6; also give name (if name change) in item 7s or 7b and/or new address (if address change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete items 7d-7c. □ CURRENT RECORDS. GE. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION S NAME CITY STATE POSTAL CODE TAX IO RESONALIZATION FOR EIROR (To TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION AND LICE ORGANIZATION AND	1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT to be filed (for record) REAL ESTATE RECORD. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuous for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give name. The DELETE name: Give record name is item 7c; also completed. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Terminatic continued for the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor page Secured Party of record. Check only page of the following three boxes page provide appropriate internity page p	Initial Financing Statement File # Volume M97, Page 24695, filed on 7/31/1997 1b. This Financing Statement (entitled above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement (entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statement entitled above with respect to security interest(s) of the Secured Party authorizing this Termination Statem Continued for the additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Assignment (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Assignment (Party INFORMATION):	Initial Financing Statement File # Volume M97, Page 24695, filed on 7/31/1997 1b. This Financing Statement was to be filed (for record of) or recorded Real Estate Records. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement on the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.	a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT AMI to be filed (for record) for recorded) FIREMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement ocontinued for the additional period provided by applicable law. 2 ASSIGNMENT (full or partial): Give name of assignse in item 7c or 7b and address of assignse in item 7c; and also give name of assignor in item 9. 3 AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only gage of these two boxes. 4 Associated Party of record. Check only gage of these two boxes and party of record. Check only gage of these two boxes. 5 AMENDMENT (Party INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party of record. Check only gage box. 5 Debtor α □ Secured Party authorizing this Termination Statement deaths and party authorizing this Termination Statement deaths assigned in item 7c; and also give name of assigned in item 9c. 6 Debtor α □ Secured Party of record. Check only gage bo	INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filled on 7/31/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects □ Debtor ∞ □ Secured Party of record. Check only ong of these two boxes. Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE mame and/or address: Give current record name in item 6a or 6; also give name (if name change) in item 7s or 7b and/or new address (if address change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete items 7d-7c. □ CURRENT RECORDS. GE. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION S NAME CHANGED (NEW) OR ADDED INFORMATION: Tax IO RESONALIZATION S NAME CITY STATE POSTAL CODE TAX IO RESONALIZATION FOR EIROR (To TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION AND LICE ORGANIZATION AND	1a. INITIAL FINANCING STATEMENT FILE # Volume M97, Page 24695, filed on 7/31/1997 1b. This FINANCING STATEMENT to be filed (for record) REAL ESTATE RECORD. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuous for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give name. The DELETE name: Give record name is item 7c; also completed. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	NCING STATEMENT AI [for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States xes.
Volume M97, Page 24695, filed on 7/31/1997 ■ to be filed (for record) (or record REAL ESTATE RECORDS. ■ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Continued for the additional period provided by applicable law. ■ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ■ AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. □ CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: CHANGED (NEW) OR	Volume M97, Page 24695, filed on 7/31/1997	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement additional period provided by applicable law. ■ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ■ AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of these two boxes. ■ ASSIGNMENT (full or partial): Give name of assignoe in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ■ AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 and (finame change) in item 6a or 6b; also give new. □ DELETE name: Give record name □ ADD name: Complete item 7c; also complete item 7c. □ CHANGED (NEW) OR ADDED INFORMATION: □ ADD NAME ■ ASSIGNMENT (NUT or Partial): Debtor or Party of record. □ CHANGED (NEW) OR ADDED INFORMATION: □ ADD NAME ■ ASSIGNMENT (NUT or Partial): Debtor or Party of record. □ ADD NAME ■ ADD NAME	Volume M97, Page 24695, filed on 7/31/1997 ▼ De bit field (for record) (or recorded) ▼ Real ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination S	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor α □ Secured Party of record. Check only one of these two boxes. Assoched one of the following three boxes and provide appropriate information in items 8 and/or 7. □ CHANGE name and/or address: Give current record name in item 8 a or 6b; also give new □ DELETE name: Give record name □ ADD name: Complete item 7a or name (finance change) in item 7a or 7b and/or new address (fi address change) in item 7c. □ the deleted in item 6a or 6b. □ Termination □ Terminatio	Volume M97, Page 24695, filed on 7/31/1997 to be filed [for record] REAL ESTATE RECC TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	[for record] (or recorded TATE RECORDS. norizing this Termination this Continuation States
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. **MASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. **AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. **Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	TERMINATION: Effectiveness of the Financing Statement identified above is lemmnated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in Item 7c; and also give name of assignor in Item 9. AMSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new and in items 6a or 6b; also give new and in items 6a or 6b. CURRENT RECORD INFORMATION: Go. CURRENT RECORD INFORMATION: Go. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME C. CHANGED (NEW) OR ADDED INFORMATION: To. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME C. MAILLING ADDRESS CITY STATE POSTAL CODE C. MAILLING ADDRESS CITY STATE POSTAL CODE C. TAXID #: SSN OR EIN ADDL INFO RE 7e, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7g, ORGANIZATIONAL ID #; if any ORGANIZATIONAL I	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. **ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. **AMENDMENT (PARTY INFORMATION): This Amendment affects	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement (CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement of the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement and the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b: also give new name of assignor in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION AND ADDED INFORMATION: [7a. ORGANIZATION AND ADDED INFORMATION: [7a. ORGANIZATION ADDRESS ADDRE	TERMINATION: Effectiveness of the Financing Statement identified above is laminated with respect to security interest(s) of the Secured Party authorizing this Termination CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation State continued for the additional period provided by applicable law. MASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b: also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHANGE (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGE (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGE (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MAILING ADDRESS CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ADDL INFORE TO THE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION AND ORGANIZATION ORGANIZATI	 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuous for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give name. (If name change) in Item 7a or 7b and/or new address (if address change) in Item 7c. [Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. [CHANGE name and/or address: Give current record name in item 6a or 6b; also give new to be deleted in item 6a or 6b. [ADD name: Completed in Item 7c; also completed in Item 7c;	norizing this Termination this Continuation States
continued for the additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new and/or name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC To. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NA	continued for the additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only one of these two boxes. Asso check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name item 7c; also complete item 7a or 1c. CURRENT RECORD INFORMATION:	CHANGE RATE AND INFORMATION: 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7c. INDIVIDUAL'S LAST NAME CHANGES CHANGE SSS OR SEIN ADDE INFORMATION: 7c. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME AMENDMENT (Cut in tem data sasignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a. The party of record name in item 6a or 6b. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME ADDLE NAME TAX ID #: SSN OR EIN ADDLE INFORE Te, TYPE OF ORGANIZATION 7c. ORGANIZATION 7d. JURISDICTION OF ORGANIZATION 7d. ORGANIZATION To, ORGANIZATION	continued for the additional period provided by applicable law. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 8a or 6b; also give new DELETE name: Give record name ADD name: Complete item 7a or 7 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7 name (if name change) in item 7c; also complete item 7a or 7 DELETE name: Give record name Item 7c; also complete item 7a or 7 name (if name change) in item 7c; also complete item 7a or 7 DELETE name: Give record name Item 7c; also complete item 7a or 7 name (if name change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7 name (if name change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7 name (if name change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7c name (if name change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7c name (if name change) in item 7c. DELETE name: Give record name Item 7c; also complete item 7a or 7c name (i	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects □ Debtor □ □ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new or name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. □ CHANGE name and/or or item 7a or name (if name change) in item 7c; also complete items 7d-7d-7d-7d-7d-7d-7d-7d-7d-7d-7d-7d-7d-7	continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new Iname (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	xes.
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new new for name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new. DELETE name: Give record name. ADD name: Complete item 7a or name (if name change) in item 7c; also complete item 7a; also complete item 7c; also complete item 7c; also complete item 7c. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CASTA POSTAL CODE CHANGED (NEW) STATE POSTAL CODE	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME AMILING ADDRESS CITY STATE POSTAL CODE Tax ID #: SSN OR EIN ADDL INFO RE [7c. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new or anne (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 anne (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 for name change) in item 7c or 7b and/or new address (if address change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 for name change) in item 7c or 7b and/or name (if name change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 for a or 7b and/or name (if name change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7 for a or 7b and/or name (if name change) in item 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Complete item 7a or 7b and 7c. □ DELETE name: Give record name □ ADD name: Comple	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 5 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new interm 7c. DELETE name: Give record name ADD name: Complete item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME CASE 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN ADDL INFORMATION: 17f. JURISDICTION OF ORGANIZATION ORGANIZATION DEBTOR LLC Oregon AMENDMENT (COLLATERAL CHANGE): check only one box.	4. ★ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	xes. ne: Complete item 7a or
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME CTY STATE POSTAL CODE d. TAX ID #: SSN OR EIN ADDL. INFO RE [7e, TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN ADDL INFORE Te. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE C. MAILING ADDRESS CITY STATE POSTAL CODE CREANIZATIONAL ID #, if any ORGANIZATION DEBTOR LLC ORGANIZATION OF ORGANIZATION 7g. ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR LLC ORGANIZATION DEBTOR LLC ORGANIZATION OF ORGANIZATION 7g. ORGANIZATION 000000000000000000000000000000000000	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME ADDL INFORE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR LLC Oregon O32995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	5. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6. CURRENT RECORD INFORMATION: 6. ORGANIZATION'S NAME	xes. ne: Complete item 7a or
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME C. MAILING ADDRESS C. MAILING ADDRESS C. MAILING ADDRESS CITY STATE POSTAL CODE To ORGANIZATION TO ORGA	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME AMILING ADDRESS CTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name (in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name (in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name (in item 6a or 6b. DELETE name: Give record name (in item 7a or 7 item 7c; also complete items 7d-7g. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME] [7a. ORGANIZATION'S NAME] [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] [7a. TYPE OF ORGANIZATION or item 6a or 6b. DELETE name: Give record name (in item 6a or	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new large (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME CTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADDL. INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #; if any Oregon AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	ne: Complete item 7a or also complete items 7d-7
Item 7c; also complete items 7c Item	Tax id #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #; if any Organization 7g. Organizational Id #; if any	name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	Tarme (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	Iname (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	Iname (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. I to be deleted in item 6a or 6b. I item 7c; also complet 6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]	ne: Complete item 7a or also complete items 7d-7
Ga. ORGANIZATION'S NAME	68. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME 6b. INDIVIDUAL'S LAST NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 6. MAILING ADDRESS CITY STATE POSTAL CODE 6. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	66. ORGANIZATION'S NAME 66. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	68. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME 6b. INDIVIDUAL'S LAST NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME 6c. MAILING ADDRESS 6c. MAILING ADDRESS 6c. MAILING ADDRESS 6c. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC OTEGON AMENDMENT (COLLATERAL CHANGE): check only one box.	69. ORGANIZATION'S NAME 60. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDL	6a. ORGANIZATION'S NAME	
R 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME	6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE G. TAX ID #: SSN OR EIN ADD'L INFO RE 7a. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	R 66. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any	6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME STATE STATE POSTAL CODE	6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME TAX ID #: SSN OR EIN ADD'L INFO RE 7a. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC Oregon 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.		
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE G. TAX ID #: SSN OR EIN ADD'L INFO RE 7a. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	CHANGED (NEW) OR ADDED INFORMATION: 78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 76. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any	CCHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC Tb. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE C. MAILING ADDRESS CITY STATE POSTAL CODE C. TAX ID #: SSN OR EIN ADD'L INFO RE Ta. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC Oregon O32995-91 C. AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 75. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC Oregon 032995-91		
7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE G. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS C. MAILING ADDRESS C. MAILING ADDRESS C. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC OTEGON AMENDMENT (COLLATERAL CHANGE): check only one box.	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME MAILING ADDRESS CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC AMENDMENT (COLLATERAL CHANGE): check only one box.	OR 66. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	
7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE G. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	7a. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS C. MAILING ADDRESS C. MAILING ADDRESS C. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC OTEGON AMENDMENT (COLLATERAL CHANGE): check only one box.	78. ORGANIZATION'S NAME CSFB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME MAILING ADDRESS CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC AMENDMENT (COLLATERAL CHANGE): check only one box.		
CSFB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	CSFB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE ORGANIZATION 75. JURISDICTION OF ORGANIZATION 75. ORGANIZATIONAL ID #, if any	CSFB 1997-C2 Storage, LLC 75. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE [76, TYPE OF ORGANIZATION 75, JURISDICTION OF ORGANIZATION 79, ORGANIZATIONAL ID #, if any ORGANIZATION 77, JURISDICTION OF ORGANIZATION 79, ORGANIZATIONAL ID #, if any	CSFB 1997-C2 Storage, LLC 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS C. MAILING ADDRESS C. MAILING ADDRESS C. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC C. MAILING ADDRESS CITY CITY CITY TI. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATIONAL ID #, if any O32995-91 CAMENDMENT (COLLATERAL CHANGE): check only one box.	CSFB 1997-C2 Storage, LLC 76. INDIVIDUAL'S LAST NAME MAILING ADDRESS CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LLC AMENDMENT (COLLATERAL CHANGE): check only one box.	7. CHANGED (NEW) OR ADDED INFORMATION:	
R 75. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	75. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	76. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME OTY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	75. INDIVIDUAL'S LAST NAME FIRST NAME	75. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME		
. MAILING ADDRESS CITY STATE POSYAL CODE	d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION	d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZ	TAX ID #: SSN OR EIN ADDIL INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any Organization 032995-91 03295-91 03295-9	op)	
. MAILING ADDRESS CITY STATE POSTAL CODE	d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION	d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZ	TAX ID #: SSN OR EIN ADDIL INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any Organization 032995-91 03295-91 03295-9		
	ORGANIZATION '	ORGANIZATION '	65-1126451 ORGANIZATION LLC Oregon 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	65-1126451 ORGANIZATION LLC Oregon 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	7c. MAILING ADDRESS CITY STATE POSTAL CODE	TAL CODE
1 TAX ID # SSN OR FIN TADD'LINFO RE 176 TYPE OF ORGANIZATION 176 JURISDICTION OF ORGANIZATION 170 ORGANIZATIONAL ID # if any	ORGANIZATION '	ORGANIZATION '	65-1126451 ORGANIZATION LLC Oregon 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	65-1126451 ORGANIZATION LLC Oregon 032995-91 AMENDMENT (COLLATERAL CHANGE): check only one box.	74 TAX ID #: SSN OR FIN TADD! INFO RE TA TYPE OF ORGANIZATION 71 JURISDICTION OF ORGANIZATION TO ORGANIZATIONAL ID	
ORGANIZATION '	05-1140+51 IDEBIOR JUDG (OTCROIL 1052773-71		. AMENDMENT (COLLATERAL CHANGE): check only one box.	AMENDMENT (COLLATERAL CHANGE): check only one box.	ORGANIZATION '	
						TIONAL ID #, if any
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.						TIONAL ID #, if any

SUFFIX

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98) NATUCC3 4/23/01 C T System Online

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING	STATEMENT AMEND	MENT ADDENDUM
FOLLOW INSTRUCTIONS	(front and back) CAREFULLY	
11. INITIAL FINANCING ST	ATEMENT FILE # (same as item 1a on A	mendment form)
Volume M9	97, Page 24695, filed on 7/31/1	997
	THORIZING THIS AMENDMENT (same	as item 9 on Amendment form)
12a. ORGANIZATION'S N.	AME	
Wells Fargo Bank	Minnesota, National Associati	ion,*
OR 126. INDIVIDUAL'S LAST	NAME FIRST NAME	MIDDLE: NAME, SUFFIX
	l	
13. Use this space for addit	ional information	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

State of Oregon, County of Klamath Recorded 09/20/01 at 3:12 p. m. In Vol. M01 Page 47866 Linda Smith,

County Clerk Fee\$ 26

^{*}a national banking association, formerly known as Norwest Bank Minnesota, as Trustee for the Credit Suisse First Boston Mortgage Securities Corp., Commercial Mortgage Pass-Through Certificates, Series 1997-C2