				Vol. M01 Page	
	CC FINANCING STATEM		IT .	State of Oregon, County Recorded 09/21/01 at 3 In Vol. M01 Page 48	of (!/0
	LLOW INSTRUCTIONS (front and back) NAME & PHONE OF CONTACT AT FILI			In Vol. M01 Page <u>4 8</u> Linda Smith	16
_	SEND ACKNOWLEDGMENT TO: (Nam	o and Addrocal		Linda Smith,  County Clerk Fee\$ 2	2/
		o uno nocioco,	7		<u> </u>
	L 53208		THE ABO	VE SPACE IS FOR FILING OFFICE	liee.
la.I	INITIAL FINANCING STATEMENT FILE #	TC40210 Vol M00 Pos		1b. This FINANCING STATEM	MENT
		TC49319 Vol M99, Pag	·	to be filed (for record) (or REAL ESTATE RECORDS	S.
2. 3.	TERMINATION: Effectiveness of the Fir		s terminated with respect to security interest(s we with respect to security interest(s) of the		
٠٠ <u>ــ</u>	continued for the additional period provide				
4.	ASSIGNMENT (full or partial): Give nar AMENDMENT (PARTY INFORMATION		address of assignee in item 7c; and also give	name of assignor in item 9.	
	CHANGE name and/or address: Give currename (if name change) in item 7a or 7b and CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	Nor new address (if address change	o give new DELETE name: Give recu ) in item 7c. to be deleted in item 6a o	ord name ADD name: Complete Ite	ems 7
OR	6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	
7. (	CHANGED (NEW) OR ADDED INFORMAT    Ta. ORGANIZATION'S NAME	ION:			
	7a. UHGANIZATION'S NAME				
OR			FIRST NAME	MIDDLE NAME	s
			FIRST NAME	MIDDLE NAME  STATE   POSTAL CODE	
7c. f	7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION			any
7c. 1	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	E); check only <u>one</u> box.	CITY 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if i	any
7d. 8. /	7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION DEBTOR	y no longer claims a sec	orty  7f. JURISDICTION OF ORGANIZATION  al description, or describe collateral assurity interest in the collateral or	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if is signed.  f the above-referenced finance	
7c. f	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE) Describe collateral deleted or added.  Termination: The Secured Part	E): check only one box. or give entire restated collater y no longer claims a sec BE RECORDED IN TH	orty  7f. JURISDICTION OF ORGANIZATION  al description, or describe collateral assurity interest in the collateral or	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if is signed.  f the above-referenced finance	
7c. f	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE OPECIFIE COllateral deleted or added, Termination: The Secured Part	The son the control of the control	CITY  71. JURISDICTION OF ORGANIZATION  al description, or describe collateral assurity interest in the collateral of the REAL ESTATE RECORDS  ENDMENT (name of assignor, if this is an Assignor is a thin thin this is an Assignor is a thin thin thin thin thin thin thin thin	signed.  f the above-referenced finances.  S.  ssignment). If this is an Amendment authority.	cing
7c. f 7d. 8. / 6	TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE Describe collateral   deleted or   added,  Termination: The Secured Part  THIS TIMBER FILING IS TO  File with Klamath County, Oreg  NAME OF SECURED PARTY OF RECudds collateral or adds the authorizing Debtor,  [9a. ORGANIZATION'S NAME]  Bank of Montreal, as Agent	E): check only one box. or give entire restated collater y no longer claims a sec BE RECORDED IN THE	CITY  71. JURISDICTION OF ORGANIZATION  al description, or describe collateral assurity interest in the collateral of the REAL ESTATE RECORDS  ENDMENT (name of assignor, if this is an Assignor is a thin thin this is an Assignor is a thin thin thin thin thin thin thin thin	signed.  f the above-referenced finances.  S.  ssignment). If this is an Amendment authority.	cing

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