Vel MQ1 Page 50728

CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 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. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADDITIONAL TO A CONTROL TO				Vol_	MO1Page_	
Recorded 10/04/01 at /2:4/p m. In Vol. M01 Page 50.72 S Linda Smith, Country Clerk Fee\$ 2/ Simple Smit						
Recorded 10/04/01 at /2:4/p m. In Vol. M01 Page 50.72 S Linda Smith, Country Clerk Fee\$ 2/ Simple Smit					-	
Recorded 10/04/01 at /2:4/p m. In Vol. M01 Page 50.72 S Linda Smith, Country Clerk Fee\$ 2/ Simple Smit				State of Or	egon, County of	Klamath
IN Vol. M01 Page 5072 Linds Smith, NAME PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO. (Name and Address) Linds Smith, SEND ACKNOWLEDGMENT TO. (Name and Address) KLAMATH COUNTY FSA OFFICE 2316 S 6TH ST., STE. C KLAMATH FALLS, OR 97801 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE # In This FinANCING STATEMENT TAMENOMENT In This FinANCING STATEMENT FILE # In This FinANCING STATEMENT FILE # In This FinANCING STATEMENT FILE # In This FinANCING STATEMENT AMENOMENT In This FinANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT In This FinANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT AMENOMENT AMENOMENT IN THIS FINANCING STATEMENT AMENOMENT AMENO	OO FINIANOING	OTATCHENT AMENIDMENT	r	Recorded 1	0/04/01 at /Z:4	/p m.
INME & PHONE OF CONTACT AT FILER (optional) OUIDED A - Chase Style Styl			l			
SEND ACKNOWLEDGMENT TO: (Name and Address) V				Linda Cmit	h	
SEND ACKNOWLEDGMENT TO: (Name and Address) **** *** *** *** *** *** ***			1924	County Cle	rk Fee\$ フノ゜	يجد يو
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		MENT TO: (Name and Address)	10 JG T		1000 <u>-24</u>	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Į					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Ak!	KLAMATH COUNTY FSA OFFICE	ì			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	V	2316 S 6TH ST., STE. C				
I. INITIAL FINANCING STATEMENT FILE # ### ### ### ### ### ### ### ### ###		KLAMATH FALLS, OR 97601				
I. INITIAL FINANCING STATEMENT FILE # ### ### ### ### ### ### ### ### ###			1			
I. INITIAL FINANCING STATEMENT FILE # ### ### ### ### ### ### ### ### ###	1					
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 is 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 gigs of these two boxes. Assignment (PARTY INFORMATION): The Amendment affects Debtor or Secured Party of record. Check only gigs of these two boxes. Asso check gigs 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 name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. by be deleted in item 8a or 6b. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME Res. INDIVIDUAL'S LAST NAME PREST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX ADD. INFORMATION: Ta. ORGANIZATION'S NAME CHANGEO (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION STAME ADD. INFORMATION: Ta. ORGANIZATION STAME ADD. INFORMATION Ta. URISDICTION OF ORGANIZATION ORGANIZATION To. ORGANIZATION Ta. URISDICTION OF ORGANIZATION Ta. JURISDICTION OF ORGANIZATION Ta. JURISDICTI						
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 is 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 of Secured Party of record. Check only one of these two boxes. Also 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 6a or 6b; also give new name (if name change) in item 7a or 7b and/or 18 and/or						
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 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 agg 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 8a or 6b is also give new and address. Give current record name in item 8a or 6b is also give new and address. Give current record name in item 8a or 6b. The provide provide appropriate item 7a or 7b, and also give name of assignor in item 7c; also complete item 7a or 7b, and also give name of assignor in item 8a or 6b. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME Be. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME SUFFIX WAGGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME SUFFIX WAGGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX WAGGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION STATE MIDDLE NAME MIDDLE NAME SUFFIX WAGGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION STATE ORGANIZATION TO FORGANIZATION 7c. JURISDICTION OF ORGANIZATION 7c. GRANIZATIONAL ID \$c. if any				R	EAL ESTATE RECORDS	
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. Also check one 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 FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX A. CITY STATE POSTAL CODE COUNTR' ADD ADDL INFOR RE [7c. TYPE OF ORGANIZATION ORGANIZATION To ORGA						
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 WEGINEYORK 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX A. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY ANDEL NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX A. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY ADDLINFO RE 7a. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 7b. JURISDICTION OF ORGANIZATION 7c. JURISDICTION OF ORGANIZATION 7c. JURISDICTION OF ORGANIZATION 7c. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any			e with respect to security interes	I(s) of the Secured Party aut	horizing this Continuation S	tatement is
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 WEGINEYORK 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX A. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY ANDEL NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX A. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY ADDLINFO RE 7a. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 7b. JURISDICTION OF ORGANIZATION 7c. JURISDICTION OF ORGANIZATION 7c. JURISDICTION OF ORGANIZATION 7c. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any			idress of assignee in item 70: 200	also give name of assigned i	n item 9	
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 7b. INDIVIDUAL'S LAST NAME 7c. INDIVIDUAL'S LAST NAME 7b. INDIVIDUAL'S LAST NAME 7c. INDIVIDUAL'S LAST NAME 7c. INDIVIDUAL'S LAST NAME 7d.						
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 also 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 PIRST NAME Table And Determine Complete item 7a or 7b, and also name in item 7c In be deleted in item 6a or 6b CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX A. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTR' COUNTR' ADD'LINFO RE 7c. TYPE OF ORGANIZATION DEBTOR 71. JURISDICTION OF ORGANIZATION Table Table Table 72. ORGANIZATION Table 73. ORGANIZATION Table 74. ORGANIZATION Table 75. Type OF ORGANIZATION Table Table Table Tab	•	·	- L-J	ord. Check only one or these	e two boxes.	
CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME		-		: Give record name	ADD name: Complete item 7	a or 7b, and als
6a. ORGANIZATION'S NAME 8b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME SUFFIX MIDDLE NAME MIDDLE NAME MIDDLE NAME SUFFIX 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTR' ADDL INFO RE 7c. TYPE OF ORGANIZATION DEBTOR 7c. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any TORGANIZATION TORG		<u> </u>	in item 7c. to be deleted i	n item 6a or 6b.	tem 7c; also complete items	7d-7g (if applica
FIRST NAME FIRST NAME MIDDLE NAME SUFFIX						
Negreyoki CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTR' ADDL INFO RE 76. TYPE OF ORGANIZATION DEBTOR 71. JURISDICTION OF ORGANIZATION 72. ORGANIZATIONAL ID #, if any		· -				
MEGREYOR: CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTR' ADDL INFO RE To. TYPE OF ORGANIZATION DEBTOR To. TYPE OF ORGANIZATION DEBTOR To. TYPE OF ORGANIZATION	1					
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTR' ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 71. JURISDICTION OF ORGANIZATION 72. ORGANIZATIONAL ID #, if any	66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDOLI	E NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTR' ADDLINFO RE 76. TYPE OF ORGANIZATION DEBTOR 71. JURISDICTION OF ORGANIZATION DEBTOR 72. ORGANIZATIONAL ID #, if any	OB. HADIAIDONE S ENST	•	k			SUFFIX
is MAILING ADDRESS CITY STATE POSTAL CODE COUNTR' ADD'L INFO RE To. TYPE OF ORGANIZATION DEBTOR TI. JURISDICTION OF ORGANIZATION TO. ORGA	Negreyo	ĸi	k			SUFFIX
is MAILING ADDRESS CITY STATE POSTAL CODE COUNTR' ADD'L INFO RE To. TYPE OF ORGANIZATION DEBTOR TI. JURISDICTION OF ORGANIZATION TO. ORGA	Neg 1246	DDED INFORMATION:	k			SUFFIX
12430 Highway 39 ADDLINFORE To TYPE OF ORGANIZATION TILIBRICATION OF ORGANIZATION OF ORGANIZATION TO DEBTOR KIANATH FALLS OR 97601 71. JURISDICTION OF ORGANIZATION TO ORGA	CHANGED (NEW) OR A	DDED INFORMATION:	k			SUFFIX
12430 Highway 39 ADDLINFORE To TYPE OF ORGANIZATION TILIBRICATION OF ORGANIZATION OF ORGANIZATION TO DEBTOR KIANATH FALLS OR 97601 71. JURISDICTION OF ORGANIZATION TO ORGA	CHANGED (NEW) OR AI	K) DOED INFORMATION: AME	Hichael		A	
ADD'L INFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGA	. CHANGED (NEW) OR A	K) DOED INFORMATION: AME	Hichael		A	
ADD'L INFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGA	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N	K) DOED INFORMATION: AME	Hichael	MIDDL	E NAME	SUFFIX
	C. MAILING ADDRESS	NAME Shurey 39	Hichael	MIDDL	E NAME E POSTAL CODE	SUFFIX
AMENDMENT (COLLATERAL CHANGE): check only one boy	C. MAILING ADDRESS	NAME Shurey 39	Hichael FIRST NAME CITY KIAMATH F	MIDDL STATE	E NAME F POSTAL CODE 97601	SUFFIX
	C. MAILING ADDRESS	DOED INFORMATION: AME NAME ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION	Hichael FIRST NAME CITY KIAMATH F	MIDDL STATE	E NAME F POSTAL CODE 97601	SUFFIX
	C. CHANGED (NEW) OR AI Ta. ORGANIZATION'S N Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS 12430 HIGH AMENDMENT (COLLAR	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	C. MAILING ADDRESS AMENDMENT (COLLA	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST : MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST : MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST E. MAILING ADDRESS 10430 HIG	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	CHANGED (NEW) OR AI Ta. ORGANIZATION'S N Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS 19430 High AMENDMENT (COLLA	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
	C. MAILING ADDRESS AMENDMENT (COLLA	DOED INFORMATION: AME NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR ITERAL CHANGE): check only one box.	Hichael FIRST NAME CITY KIANATH 71. JURISDICTION OF ORGAN	MIDDL STATE OR IZATION 7g. OR	E NAME F POSTAL CODE 97601	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deblor wh	CHANGED (NEW) OR AL Ta. ORGANIZATION'S NOT TO THE PROPERTY OF	DOED INFORMATION: AME NAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ITERAL CHANGE): check only one box. leted or added, or give entire restated collatera	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 RGANIZATIONAL ID #, if any	COUNTR
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	C. CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST c. MAILING ADDRESS 12 430 High 3. AMENDMENT (COLLA Describe collateral del 1. NAME OF SECURED adds collateral or adds the	DDED INFORMATION: AME NAME NAME ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only give box. Ideed or added, or give entire restated collateral process of the collateral process of th	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 RGANIZATIONAL ID #, if any	COUNTR
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	CHANGED (NEW) OR AI 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST C. MAILING ADDRESS 13430 High AMENDMENT (COLLA Describe collateral del NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N	DDED INFORMATION: AME NAME NAME ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only one box. Ideed or added, or give entire restated collateral properties of the proper	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if by a Debtor, check here and	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 GANIZATIONAL ID #, if any is an Amendment authorized horizing this Amendment.	COUNTRY
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	C. CHANGED (NEW) OR AI Ta. ORGANIZATION'S N Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS 12 430 High AMENDMENT (COLLA Describe collateral del NAME OF SECURED adds collateral or adds the [9a. ORGANIZATION'S N	DDED INFORMATION: AME NAME NAME ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only one box. Ideed or added, or give entire restated collateral properties of the proper	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if by a Debtor, check here and	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 GANIZATIONAL ID #, if any is an Amendment authorized horizing this Amendment.	COUNTR
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor who adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME 145 A COSTING SECURE ACCURE.	C. CHANGED (NEW) OR AI Ta. ORGANIZATION'S N Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS 12 430 High AMENDMENT (COLLA Describe collateral del NAME OF SECURED adds collateral or adds the [9a. ORGANIZATION'S N	DDED INFORMATION: AME NAME NAME ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only one box. Ideed or added, or give entire restated collateral properties of the proper	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if by a Debtor, check here and	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 GANIZATIONAL ID #, if any is an Amendment authorized horizing this Amendment.	COUNTRY ON I by a Debtor whi
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	C. CHANGED (NEW) OR AI Ta. ORGANIZATION'S N Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS 12 430 High AMENDMENT (COLLA Describe collateral del NAME OF SECURED adds collateral or adds the [9a. ORGANIZATION'S N	DDED INFORMATION: AME NAME NAME ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only one box. Ideed or added, or give entire restated collateral properties of the proper	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if by a Debtor, check here and	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 GANIZATIONAL ID #, if any is an Amendment authorized horizing this Amendment.	COUNTRY
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	C. CHANGED (NEW) OR ALL TALL OF SECURED ADDRESS AMENDMENT (COLLAD Describe collateral del del del del del del del del del de	DDED INFORMATION: AME NAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INTERAL CHANGE): check only one box. leted or added, or give entire restated collaters PARTY OF RECORD AUTHORIZING THIS AME AME SING RECORD AUTHORIZING THIS AME	FIRST NAME CITY KIANATH 7f. JURISDICTION OF ORGAN I description, or describe collate NDMENT (name of assignor, if by a Debtor, check here and	MIDDL STATE OR IZATION 7g. OR aral assigned.	E NAME POSTAL CODE 9 260 GANIZATIONAL ID #, if any is an Amendment authorized horizing this Amendment.	COUNTR'

210 Sopa