| State of Oregon, Co. Recorded 11/13/01 In Vol. Mol. Page Linds Smith. County For Signal B. SEND ACKNOWLEDGMENT TO: (Name and back) CAREFULLY IN ANAME & PHOOD OF CONTACT AT PELER (populonal) B. SEND ACKNOWLEDGMENT TO: (Name and Address)  THE ABOVE SPACE IS FOR FILING OFFI 101 FEDERAL SIZE BOSTON, MA 10 102 FEDERAL SIZE BOSTON, MA 10 103 FEDERAL SIZE FILING OFFI THE ABOVE SPACE IS FOR FILING OFFI THE | 5791   |
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| THE ABOVE SPACE IS FOR FILING OFFI  TO STANDING STATEMENT PILE #  FILE Number: V-Moo PG 487 File Date: 1/5/2000  The Financing Statement dendified above as terminated with respect to security interest(s) of the Secured Party authorizing the Continued for the additional period provided by applicable liew.  ASSIGNMENT (full or partial): Give name of sesignee in item 7 as of 3 activated on security interest(s) of the Secured Party authorizing the Continued for the additional period provided by applicable liew.  ASSIGNMENT (full or partial): Give name of sesignee in item 7 as of 3 secured Party or record, and also give name of assignoer in item 9.  AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor at   Secured Party or record, and also give name of assignoer in item 9.  AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor at   Secured Party or record, and item 9 and 9 assignoer in item 9.  AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor at   Secured Party or record, and item 9 assignoer in item 9.  AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor at   Secured Party or record, and item 9 assignoer in item 9.  AMENDMENT (PARTY INFORMATION: The Amendment affects   Debtor at   Secured Party or record, and 19 assignoer item 19 assignoer 19 assignoe |  |
| THE ABOVE SPACE IS FOR FILING OFF  File Number: V-Moo PG 487 File Date: 1/5/2000  TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party subnotring the Continued for the additional period provided by applicable law.  ASSIGNMENT (full or partail): Give name of assignee in item 7a or 7b and address of assignee in the 7c; and alian give name of assigner in atem 8.  AMENOMENT (PARTY INFORMATION): The Amendment affects Dobtor or Secured Party outhorizing the Continued for the additional period provided by applicable law.  ASSIGNMENT (party information): The Amendment affects Dobtor or Secured Party outhorizing the Continued for the additional period provided by applicable law.  AMENOMENT (PARTY INFORMATION): The Amendment affects Dobtor or Secured Party of record. Check only one of the following three boxes and provide approvine approvine approvine information in terms 8 and/or 7.  CHANGE and read address of the following three boxes and provide approvines information in terms 8 and/or 7.  CHANGE and read address of the following three boxes and provide approvines information in terms 8 and/or 7.  CHANGE and read address of the following three boxes and provide approvines information in terms 8 and/or 7.  CHANGE and read address of the following three boxes and provide approvines information in terms 8 and/or 7.  CHANGE and read and or Secured Party of record. Check only one boxes of the following three boxes on the following three followin |  |
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| Marathon Media, L.P.  8b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  TAX ID #: SSN OR EIN   ADDL INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID a DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only goa box.  Describe collateral   deleted or   added, or give entire   restated collateral description, or describe collateral   assigned.  THIS FIXTURE FILING IS TO BE RECORDED IN THE REAL ESTATE RECORDS.  Termination: The secured party no longer claims a security interest under the financing statement bearing the file above.  Filed with Klamath County, Oregon   | ete item 7a or 7b, and als<br>ete items 7d-7g (if applic |
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| 7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  GTY  STATE POSTAL CODE  TAX ID #: SSN OR EIN ORGANIZATION PORTON PORT | SUFFIX   |
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| 9a. ORGANIZATION'S NAME  | thorized by a Debtor whi                                 |
| Fleet National Bank, as Administrative Agent   | nent .   |
| Ob INDIVIDUAL CLACE VALVE  | nent.  |
| 96. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME  | nent.  |