				Vol_	M01 Page	594.
	NG STATEMENT AMENDM DNS (front and back) CAREFULLY	ENT	Red In V	corded 1 Vol. M0	regon, County 1/20/01 3:4 1, Page 594	16
	F CONTACT AT FILER [optional]			da Smit \$ 2/	th, County Clerl # of Pgs	
3. SEND ACKNOWLE	DGMENT TO: (Name and Address)		100	Ψ <u>υ≃γ</u>		, <u>t</u>
	\$930143-1					
·	RETURN TO: L. HILLEN	Ï				
	CT Corporation System					
	1 Federal Street, Suite 300					
	Boston, MA 02110					
B. INITIAL FINANCING S	FATEMENT FILE #		THE ABOVE SP		OR FILING OFFICE US	
2	File Number: V-Moo	PG 497 File Date: 1/5/2	2000	to b	e filed (for record) (or rec AL ESTATE RECORDS.	
	Effectiveness of the Financing Statement identified at			Secured Par	ty authorizing this Termin	
CONTINUATION continued for the ac	: Effectiveness of the Financing Statement identified ditional period provided by applicable law.	d above with respect to security into	terest(s) of the Secured	Party author	orizing this Continuation	Statement is
ASSIGNMENT (f	all 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.	
•			f record. Check only or	ne of these t	lwo boxes.	
CHANGE name and	Illowing three boxes <u>and</u> provide appropriate information /or address: Give current record name in item 6a or 6	ib; also give new DELETE n	name: Give record nam	° ┌┐⋴	DD name: Complete item m 7c; also complete items	7a or 7b, and al
CURRENT RECORD		nange) in nem /c. Li to be delet	ted in item 6a or 6b.	i de	m 7c; also complete items	s 7d-7g (if applic
6a. ORGANIZATION: Marathon Med						
66. INDIVIDUAL'S LA		FIRST NAME		MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S	ADDED INFORMATION: S NAME			-		
7b. INDIVIDUAL'S LA	ST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS		ату		STATE	POSTAL CODE	COUNTR
TAX ID #: SSN OR E	N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	N 7f. JURISDICTION OF ORG	SANIZATION	7g. ORGA	ANIZATIONAL ID #, if any	
AMENDMENT (COL	LATERAL CHANGE); check only one box.					
	deleted or added, or give entire restated col					
THIS FIXTURE	FILING IS TO BE RECORDED IN	I THE REAL ESTATE I	RECORDS.			
Γermination: The	secured party no longer claims a se	curity interest under the	financing states	ment bea	aring the file num	ber shown
ibove.		•	J		J	
Filed with Klama	th County, Oregon					
	D PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assissor	if this is an Assignmen	() If this is	an Amendment authori-a-	hy a Dahtart
NAME OF SECURE! adds collateral or adds th	D PARTY OF RECORD AUTHORIZING THIS a authorizing Debtor, or if this is a Termination author		, if this is an Assignmen nd enter name of DEB			i by a Debtor wh
NAME OF SECUREI adds collateral or adds th 9a. ORGANIZATION'S	e authorizing Debtor, or if this is a Termination author NAME					l by a Debtor wh
NAME OF SECUREI adds collateral or adds th 9a. ORGANIZATION'S	a authorizing Debtor, or if this is a Termination author NAME Bank, as Administrative Agent				izing this Amendment.	SUFFIX
NAME OF SECUREI adds collateral or adds th 9a. ORGANIZATION'S Fleet National	e authorizing Deblor, or if this is a Termination author NAME Bank, as Administrative Agent TNAME	ized by a Deblor, check here ar		FOR authori	izing this Amendment.	