W.	Thrace		VOI_	M02 Page
			State of O	raaan Cauntu (
LIC	CC FINANCING STATEMENT AMEN	DMENT		regon, County of 1/07/2002
FOL	LLOW INSTRUCTIONS (front and back) CAREFULLY		Vol M02, P	9 865-66
	NAME & PHONE OF CONTACT AT FILER [optional] MICHELE CHASTAIN (503) 454	1_3324	Linda Smitt	h. County Clerk
	SEND ACKNOWLEDGMENT TO: (Name and Address)	-3324	1 cc	# Of 1 gs
	WEST COAST BANK			
١,	PO BOX 8000		7	h.
١۴	WILSONVILLE, OR. 97070			
	1			
		_	THE ABOVE SPACE IS FOR FI	LING OFFICE USE ON
	INITIAL FINANCING STATEMENT FILE #	d. m97-03	115 775 710	ANCING STATEMENT AM d [for record] (or recorded
2.	TERMINATION: Effectiveness of the Financing Statement idea		I REAL ES	STATE RECORDS.
3.	CONTINUATION: Effectiveness of the Financing Statement			
<b>Δ</b> [	continued for the additional period provided by applicable law.			
	ASSIGNMENT (full or partial): Give name of assignee in item AMENOMENT (PARTY INFORMATION): This Amendment a			
	Also check one of the following three boxes and provide appropriate in		or record. Check only one of these two b	DXes.
	CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if ad	6a or 6b; also give new TDFLETE	name: Give record name ADD na leted in item 8a or 8b. item 7c;	me: Complete item 7a or
<b>6</b> . C	CURRENT RECORD INFORMATION:	and density of the second	tiem /c.	also complete items 7d-7
	6a. ORGANIZATION'S NAME		-	
OR	COMMERCIAL BANK  6b. INDIVIDUAL'S LAST NAME			
	B. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
7. (	CHANGED (NEW) OR ADDED INFORMATION:			
	7a. ORGANIZATION'S NAME			
OR	WEST COAST BANK		- 4/ /	- 1
•	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	E
7c. i	MAILING ADDRESS	CITY	CT.175 100	2711 0005
	PO BOX 8000	WILSONVII		97070
	ADD'L INFO RE 76. TYPE OF ORGANIZATION			ATIONAL ID #, if any
	DEBTOR			
	AMENDMENT (COLLATERAL CHANGE): check only one box			
D	Describe collateral deleted or added, or give entire res	tated collateral description, or describe	collateral assigned.	
ç	SEE EXHIBIT A FOR LEGAL DESC	PIDTION:		
Ì	SEE EMINETE MET ON ELECTIC DESC	Rdi TiOIV.		
	NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT (name of assig	nor, if this is an Assignment). If this is an A	mendment authorized by a
9. N	adds collateral or adds the authorizing Debtor, or if this is a Terminati	on authorized by a Debtor, check here	and enter name of DEBTOR authorizing	
3	9a. ORGANIZATION'S NAME	CDCIAL DANK		
3	WEST COAST BANK FKA COMM	IEKUIAL BANK		
3	WEST COAST BANK FKA COMM	FIRST NAME	MIDDLE NAM	E
•			MIDDLE NAM	E

UCC FINANCING STATE	MENT AMENDM	ENT ADDENDUM			
FOLLOW INSTRUCTIONS (front and ba	ick) CAREFULLY				
11. INITIAL FINANCING STATEMENT					
ASSEMBLIES OF GO	D OKEGON DIST	RICI			
12. NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as	item 9 on Amendment form)			
00	WEST COAST BANK				
OR 125 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13. Use this space for additional inform	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1995 GUERDON KINGWOOD 48X28 MANUFACTURED HOME S/N GDSTOR 0395 17252

SUBDIVISION BEATTY, BLOCK 5, LOT 1 THROUGH 3, COUNTY OF KLAMATH, STATE OF OREGON.

ASSEMBLIES OF GOD - OREGON DISTRICT