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		Vol <u>MO2</u> Page_26998			
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY		State of Oregon, County of Klamath Recorded 05/07/2002 /0.4/ a. m.			
A. NAME & PHONE OF CONTACT AT FILER [optional]	v	ol M02, Pg	26998	<u> 2.</u> III.	
Phone (800) 331-3282 Fax (818)	662-4141 Li	Linda Smith, County Clerk			
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	Fe	Fee \$ 2/ 20 # of Pgs /			
	$\neg$				
UCC Direct Services 507190 IWELL	SEARGO3				
P.O. Box 29071 5311484.1-30-1		- 9	h.		
Glendale, CA 91209-9071		,			
1			7		
<u> </u>					
1a. INITIAL FINANCING STATEMENT FILE #	THI		FOR FILING OFFICE U		
VOL M99 PG 35913 09-08-99 CC OR Klamath		To be REAL	INANCING STATEMEI filed [for record] (or record ESTATE RECORDS.	orded) in the	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interes	st(s) of the Secured P	arty authorizing this Te	rmination Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified above we continued for the additional period provided by applicable law.	ith respect to the security interest(s) of the	Secured Party author	rizing this Continuation	Statement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b.	and address of assigned in 7s; and	1			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deblor					
Also check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 6a or 6b, also give	ation in items 6 and/or 7.	7.			
name (if name change) in item 7a or 7b and/or new address (if address change) in i	e new DELETE name: Give rec lem 7c. to be deleted in item 6a of		D name: Complete iten n 7c; also complete iter	n 7a or 7b. and also ms 7d-7g (if applicable)	
6. CURRENT RECORD INFORMATION: 69. ORGANIZATION'S NAME		****			
HARDER DEVELOPMENT II, LLC, an Oregon limited liab	ility company		N		
OR -	RST NAME	MIDDLE NAM	ME .	SUFFIX	
			. 1		
7. CHANGED (NEW) OR ADDED INFORMATION:	7				
7a. ORGANIZATION'S NAME	A				
OR 7b. INDIVIDUAL'S LAST NAME	RST NAME	T.22			
	NST NAME	MIDDLE NAM	AE	SUFFIX	
7c. MAILING ADDRESS C	TY	STATE P	OSTAL CODE	COUNTRY	
	JURISDICTION OF ORGANIZATION	7g. ORGANIZ	ATIONAL ID #, if any		
ORGANIZATION DEBTOR	_ ~	_		NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral as	ssigned.			
7					
NAME OF SECURED PARTY OF RECORD ALITHORIZING THIS ANGLES	NT (				
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a t</li> </ol>	Note that the control of the control	ment). If this is an Am DEBTOR authorizing	endment authorized by this Amendment.	a Debtor which	
9a. ORGANIZATION'S NAME	The state of the s				
FIRST SECURITY BANK , N.A.  9b. INDIVIDUAL'S LAST NAME	PCT MANE	1			
1 ILINIA POLICE INDICATE INTEREST IN	IST NAME	MIDDLE NAM	E	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA