

'03 FEB 10 AM 9:00

RECORDING REQUESTED BY

'03 FEB 10 AM 9:00 **North Valley Bank**

P. O. Box 493158

Redding CA 96049

WHEN RECORDED RETURN TO

Melvin Hendrickson

lt. 8983 Quail Creek Drive

Redding CA 96002

Vol M03 Page 07885

State of Oregon, County of Klamath

Recorded 02/10/2003 9:00 a m.

Vol M03 Pg 07885-86

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

THE AREA ABOVE IS RESERVED FOR RECORDER'S USE

UCC TERMINATION

DOCUMENT TITLE(S)

HENDRICKSON, Melvin and Virginia

07886

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> Melvin Hendrickson 6526 Quail Creek Drive Redding CA 96002 </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # Vol. M96 Page 21421	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.				
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. <input type="checkbox"/> 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.					
4. <input type="checkbox"/> 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.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">6b. INDIVIDUAL'S LAST NAME Hendrickson</td> <td style="width: 20%;">FIRST NAME Melvin</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>	6b. INDIVIDUAL'S LAST NAME Hendrickson	FIRST NAME Melvin	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">7b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CITY</td> <td style="width: 10%;">STATE</td> <td style="width: 20%;">POSTAL CODE</td> <td style="width: 40%;">COUNTRY</td> </tr> </table>		CITY	STATE	POSTAL CODE	COUNTRY
CITY	STATE	POSTAL CODE	COUNTRY		
7d. TAX ID #: SSN OR EIN					
7e. TYPE OF ORGANIZATION					
7f. JURISDICTION OF ORGANIZATION					
7g. ORGANIZATIONAL ID #, if any					
<input type="checkbox"/> NONE					
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.					

9. 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 which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.							
9a. ORGANIZATION'S NAME North Valley Bank, P. O. Box 493158, Redding CA 960149							
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">9b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>			9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA							