| Vol <u>M03 Page 452</u> 75   |  |  |  |  |  |
|--|--|--|--|--|--|
| of Oregon, County of Klamath ed 07/01/2003 9:/4 a m. 03 Pg 45275-77 Smith, County Clerk 3/00 # of Pgs 3    |  |  |  |  |  |
| OVE SPACE IS FOR FILING OFFICE USE ONLY  |  |  |  |  |  |
| 1b This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS |  |  |  |  |  |
| of the Secured Party authorizing this Termination Statement  |  |  |  |  |  |
| ured Party authorizing this Continuation Statement is  |  |  |  |  |  |
| give name of assignor in item 9  |  |  |  |  |  |
| one of these two boxes   |  |  |  |  |  |

|  |   |   | V   | ol <u>M(</u>      | 03 Page 45                           | <u>2</u> 7 | '5          |  |
|--|---|---|---|-------------------|--------------------------------------|------------|-------------|--|
| i<br>F   | ICC FINANCING STATEMENT AMENDME<br>OLLOW INSTRUCTIONS (front and back) CAREFULLY  | State of Oregon, County of Klamath<br>Recorded 07/01/2003 9:/4 a m.<br>Vol M03 Pg 45275-77<br>Linda Smith, County Clerk |   |                   |                                      | h          |             |  |
| A  | NAME & PHONE OF CONTACT AT FILER [optional]  Phone (800) 331-3282 Fax (8:   |   |   |                   |                                      | •          |             |  |
| B  | SEND ACKNOWLEDGEMENT TO (Name and Mailing Address) 510937 IWA   |   |   |                   | Fee \$ 3/00 # of Pgs 3               |            |             |  |
|  | UCC Direct Services 584290 P.O. Box 29071   |   |   |                   |                                      |            |             |  |
|  | Glendale, CA 91209-9071 OROR  |   |   |                   |                                      |            |             |  |
|  | TUL 1 0M9:14  |   | THE ABO   | VE SPACE I        | S FOR FILING OFFICE USE (            | ONLY       |             |  |
| 12   | . NiTial Financing statement file #<br>Vol M98 Pg 44830 12-08-98 CC OR Klamath  |   | This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS |                   |                                      |            |             |  |
| <u>2.</u>  |   | ove is terminated with  | respect to security interest(s) of  | the Secured       | Party authorizing this Termin        | ation St   | atement     |  |
| ` 3.<br>   | X CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law  | ove with respect to the   | e security interest(s) of the Security  | ed Party aut      | horizing this Continuation State     | :ement i   | s           |  |
| 4.   | ASSIGNMENT (full or partial) Give name of assignee in item 7a or  | 7b and address o  | f assignee in 7c, and also g  | ive name d        | of assignor in item 9                |            |             |  |
| 5.   |   | ebtor <u>or</u> Secu<br>formation in items<br>so give new   | red Party of record Check only of and/or 7 DELETE name Give record na                                   | one of these      | two boxes  ADD name Complete item 7a |            |             |  |
| 6.   | CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME  |   | to be deleted in item 6a or 6b  |                   | tem 7c, also complete items 7        | 1-7g (if a | applicable) |  |
| OR   | SOUTHERN OREGON GOODWILL INDUSTRIES, INC  | C   |   |                   |                                      |            |             |  |
|  | 6b INDIVIDUAL'S LAST NAME   |   | FIRST NAME  |                   | MIDDLE NAME                          |            | SUFFIX      |  |
| 7.   | CHANGED (NEW) OR ADDED INFORMATION:   |   |   |                   |                                      |            |             |  |
|  | 7a ORGANIZATION'S NAME  |   |   |                   |                                      |            |             |  |
| OR   | 7b INDIVIDUAL'S LAST NAME   | FIRST NAME  |   | MIDDLE NAME       |                                      | SUFFIX     |             |  |
| 7c   | MAILING ADDRESS   | CITY  |   | STATE POSTAL CODE |                                      | COUN       | NTRY        |  |
| 7d   | AX ID# SSN or EIN ADD'L INFO RE 7e TYPE OF ORGANIZATION 7f JURIS ORGANIZATION DEBTOR  |   | RISDICTION OF ORGANIZATION  |                   | 7g ORGANIZATIONAL ID #, if any       |            | NONE        |  |
| 8. /   | AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.  Describe collateral deleted or added, or give entire restated collateral deleted or added.   | teral description, or   | describe collateral assigne   | ed.               |                                      |            | INONE       |  |
|  |   |   |   |                   |                                      |            |             |  |
|  |   |   |   |                   |                                      |            |             |  |
|  |   |   |   |                   |                                      |            |             |  |
|  |   |   |   |                   |                                      |            |             |  |
|  |   |   |   |                   |                                      |            |             |  |
| 1 6  | 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 and enter name of DEBTOR authorizing this Amendment |   |   |                   |                                      |            |             |  |
| 9a ORGANIZATION'S NAME Washington Mutual Bank dba Western Bank |   |   |   |                   |                                      |            |             |  |
| OR   | 96 INDIVIDUAL'S LAST NAME   | FIRST NAME  |   | MIDDLE NA         | AME                                  | SUFFI      | x           |  |
|  | 1   | 1   |   | 1                 |                                      | i          |             |  |

10 OPTIONAL FILER REFERENCE DATA

| U(<br>FO  | CC FINANCING STATEMI   | ENT AMENDMEN (1) DACK) CAREFULLY         | NT ADDENDUM        |  |  |  |
|-----------|--|--|--------------------|--|--|--|
| 11<br>Vol | INITIAL FINANCING STATEMENT F<br>M98 Pg 44830 12-08-98 CC OR | ILE # (same as item 1a on Ame<br>Klamath | ndment form)       |  |  |  |
| 12. 1     | NAME of PARTY AUTHORIZING THIS AM                            | ENDMENT (same as item 9 on Ame           | ndment form)       |  |  |  |
|           | 12a ORGANIZATION'S NAME                                      |  |                    |  |  |  |
| OR        | Washington Mutual Bank dba Western Bank                      |  |                    |  |  |  |
|           | 12b INDIVIDUAL'S LAST NAME                                   | FIRST NAME                               | MIDDLE NAME,SUFFIX |  |  |  |
| 13.       | Use this space for additional infor                          | nation                                   |                    |  |  |  |

Description: See attached

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

02:00pm From-Deluxe Cks 06-26-03 584 2469

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November 16, 1998

DEBTOR

Southern Oregon Goodwill Industries, Inc. SSN / Tax ID # 91-0564141

45277

MAILING ADDRESS:

604 N. Fir Street, Medford, OR 97501

## **COLLATERAL DESCRIPTION:**

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles, and accounts proceeds)

This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described real estate: PARCEL 1: Lots 1 and 2, Block 2, Tract 1183, FREEMONT PARK, in the County of Klamath, State of Oregon. LESS AND EXCEPT that portion of Lot 1, Block 2 deeded to the State of Oregon, by and through its Department of Transportation, recorded November 16, 1995 Book M-95 at Page 31162. CODE 41 MAP 3909-10BC TL 800 CODE 41 MAP 3909-10BC TL 800 CODE 41 MAP 3909-10BC TL 800 CODE 41 MAP 3909-10BC TL 500 CODE 41 MAP 3909-

| This Exhibit is executed on the same date as the UCC-1A Financing Statement by Washington Mutual Bank doing business as Western Bank and the undersigned.  Gavie F. Byrne President Washington Mutual Bank, doing business as |                               |                      |         |                             |                                   |            |  |
|---|-------------------------------|----------------------|---------|-----------------------------|-----------------------------------|------------|--|
|   | Gayle E. By                   | rne, President       | VV 0.51 | ngton Mutual Bar<br>Westeri | 'Bank"                            |            |  |
| Qu  | whe E. Be<br>Signat           | ure(s) of Debior(s)  | By:     |                             | WESCURED PA                       | arty (les) |  |
| STATE OF  | OREGON: COU                   | INTY OF KLAMATH: ss. |         |                             |                                   |            |  |
| Filed for rec   | ord at request of<br>December |                      | o'clock | M., and dilly record        | A STATE OF THE PARTY OF           | day        |  |
| FEE   | \$10.00                       | INDEXED              | Ву_     | Bernetha Gara               | OF County Glerk<br>24 ORE WILLIAM |            |  |