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Vol M03 Page 56425

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath  
Recorded 08/06/2003 9:03 a. m  
Vol M03 Pg 56425-26  
Linda Smith, County Clerk  
Fee \$ 26.00 # of Pgs 2

|                                                                                           |                                  |
|-------------------------------------------------------------------------------------------|----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone (800) 331-3282 Fax (818) 662-4141 |                                  |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 510937 I WASHINGTON                |                                  |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91208-9071                          | 5842969.2<br><br>OROR<br>FIXTURE |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  |                                                                  |                                                                                                                                                     |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>Vol M98 Pg 44830 12-08-98 CC OR Klamath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                  |                                                                  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |                      |
| 2. <input type="checkbox"/> <b>TERMINATION:</b> 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"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to the 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"/> <b>ASSIGNMENT</b> (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| 5. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input checked="" type="checkbox"/> <b>CHANGE</b> 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"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable) |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| 6. <b>CURRENT RECORD INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| 6a. ORGANIZATION'S NAME<br>Washington Mutual Bank dba Western Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6b. INDIVIDUAL'S LAST NAME |                                  | FIRST NAME                                                       | MIDDLE NAME                                                                                                                                         | SUFFIX               |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| 7a. ORGANIZATION'S NAME<br>Washington Mutual Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                  |                                                                  |                                                                                                                                                     |                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7b. INDIVIDUAL'S LAST NAME |                                  | FIRST NAME                                                       | MIDDLE NAME                                                                                                                                         | SUFFIX               |
| 7c. MAILING ADDRESS<br>12655 SW CENTER STREET SUITE 380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                  | CITY<br>BEAVERTON                                                | STATE<br>OR                                                                                                                                         | POSTAL CODE<br>97005 |
| 7d. TAX ID#: SSN or EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | ADDL INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION                                         | 7f. JURISDICTION OF ORGANIZATION                                                                                                                    |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                  | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |                                                                                                                                                     |                      |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box.<br>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<br>Washington Mutual Bank dba Western Bank                                                                                                                                                                                                                                                                                            |                            |  |            |             |        |
| OR                                                                                                                                                                                                                                                                                                                                                            | 9b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA  
5842969.2 Debtor Name: SOUTHERN OREGON GOODWILL INDUSTRIES, INC. 0010113974-18 3125

26

5842969

EXH. - TO UCC-1A FINANCING STATEMENT

5842969

November 15, 1998

DEBTOR

Southern Oregon Goodwill Industries, Inc.

SSN / Tax ID # 91-0884141

MAILING ADDRESS:

804 N. Fir Street, Medford, OR 97501

56426

**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 31182. CODE 41 MAP 3909-108C TL 600 CODE 41 MAP 3909-108C TL 700. PARCEL 2: Lots 3 and 4, Block 2, Tract 1183, FREEMONT PARK, in the County of Klamath, State of Oregon. CODE 41 MAP 3909-108C TL 600 CODE 41 MAP 3909-108C TL 600

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.

Gayle E. Byrne, President

Washington Mutual Bank doing business as Western Bank

By: Jill Kerton Secretary

STATE OF OREGON: COUNTY OF KLAMATH:       

Filed for record at request of Aspen Title & Escrow day  
of December A.D. 19 98 at 3:12 o'clock P. M., and duly acknowledged by         
of        Mortgages on Page 44858

FEE \$10.00

INDEXED

By Kerton

5842969

ATTENTION FILING  
OFFICER, PLEASE  
SEAL AND RETURN  
THIS UCC-1