

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath
 Recorded 09/12/03 9:15a. m
 Vol M03 Pg 67916
 Linda Smith, County Clerk
 Fee \$ 21.00 # of Pgs 1

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 512403 IJP MORGAN1

UCC Direct Services
 P.O. Box 29071
 Glendale, CA 91209-9071

5923104.1
 OROR
 FIXTURE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 35482 VOL M97 PAGE 10031 04-04-97 CC OR Klamath

1b. This FINANCING STATEMENT AMENDMENT is
☒ to be filed (for record) (or recorded) in the
 REAL ESTATE RECORDS.

2. ☐ **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. ☐ **CONTINUATION:** 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. ☐ **ASSIGNMENT** (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. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☒ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in Items 6 and/or 7.

☒ **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. ☐ **DELETE** name: Give record name to be deleted in Item 6a or 6b. ☐ **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

RODERICK L. SLADE, TRUSTEE OF THE ELIZABETH A. SLADE FAMILY TRUST U.T.A.D. JANUARY 26, 1990

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

Pelican Butte Oil, LLC

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

191 Bateman

CITY

Central Point

STATE

OR

POSTAL CODE

97502

COUNTRY

7d. TAX ID# SSN or EIN

ADDITIONAL INFO RE
ORGANIZATION
DEBTOR

7e. TYPE OF ORGANIZATION

Limited Liability Corporation

7f. JURISDICTION OF ORGANIZATION

OR

7g. ORGANIZATIONAL ID #, if any

6652796

☐ NONE**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral: ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ 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 ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

The Chase Manhattan Bank as Collateral Agent

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

5923104.1 Debtor Name: Pelican Butte Oil, LLC Pelican Butte Oil, LLC 01629