

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

UCC Filing Desk - (503) 443-1822 (REF#)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

US Corporate Services

12750 SW Pacific Highway, Suite 201

Tigard, OR 97223

L-P1016999JL

State of Oregon, County of Klamath

Recorded 11/06/03 9:40 a.m.

Vol M03 Pg 82595

Linda Smith, County Clerk

Fee \$ 21.00 # of Pgs 1
50c opa**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY****1a. INITIAL FINANCING STATEMENT FILE #**

VOL M94 PAGE 12408

4/20/94

1b. This FINANCING STATEMENT AMENDMENT is
to be filed [or 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 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 Item 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; skip complete Items 7d-7g (if applicable).**6. CURRENT RECORD INFORMATION:****6a. ORGANIZATION'S NAME**

U.S. BANK NATIONAL ASSOCIATION

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:**7a. ORGANIZATION'S NAME**

U.S. BANK NATIONAL ASSOCIATION

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

555 SW OAK ST PD-OR-P7LD

CITY

STATE

POSTAL CODE

COUNTRY

OR 97204

USA

7d. TAX ID #: SSN OR EINADDL INFO RE 7e. TYPE OF ORGANIZATION
ORGANIZATION
DEBTOR**7f. JURISDICTION OF ORGANIZATION****7g. ORGANIZATIONAL ID #, If any** 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**

U.S. BANK NATIONAL ASSOCIATION

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

02-6903606619/KENT L PEDERSON

21
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