

'03 NOV 6 AM 9:40

Vol M03 Page 82595

State of Oregon, County of Klamath
Recorded 11/06/03 9:40 a m
Vol M03 Pg 82595
Linda Smith, County Clerk
Fee \$ 21⁰⁰ # of Pgs 1
5⁰⁰ opa

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 <u>P1016999JL</u>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # VOL M94 PAGE 12408		4/20/94		1b. The FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the <u>REAL ESTATE RECORDS</u> .	
2. <input 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 checked="" 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 <input checked="" 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 checked="" 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 item 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 CITY STATE POSTAL CODE COUNTRY 555 SW OAK ST PD-OR-P7LD PORTLAND OR 97204 USA					
7d. TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR 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 U.S. BANK NATIONAL ASSOCIATION			
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX			
10. OPTIONAL FILER REFERENCE DATA 02-6903806619/KENT L PEDERSON			

21
5 opa