A. NAME & PHONE OF CONTACT B. SEND ACKNOWLEDGMENT TO THACHER PROFFITT 50 Main Street	C: (Name and Address)	NT	Stat Recor Vol M Linda	ded 12/22/0 103 Pg <i>92</i>	Page County of K	amath
B. SEND ACKNOWLEDGMENT TO THACHER PROFFITT OF 50 Main Street	O: (Name and Address)			Smith, Coun	ty Clerk	m S
THACHER PROFFITT	•		Fee \$	4/00 #	of Pgs	
White Plains, NY 106 ATTENTION:Rachel A	06					
IS. INITIAL FINANCING STATEMENT FIL	E#		THE ABOVE SP		NG OFFICE USE (
	3/21/2000; Klamath (K	to be filed	CING STATEMENT / for record) (or records ATE RECORDS	ed) in the
CONTINUATION: Effectiveness of	the Financing Statement identified above is	terminated with respect to	security interest(s) of the S	ecured Party author	zing this Termination	Statement.
					is Continuation State	ment Is
ASSIGNMENT (full or partial): Give	ve name of assignee in item 7a or 7b and a					
5. AMENDMENT (PARTY INFORMA Also check <u>QNE</u> of the following three CHANGE name and/or address: Gi name (if name change) in item 7a o	NTON): This Amendment affects Do boxes and provide appropriate information live current record name in item 6e or 6b; also or 7b and/or now address (if address change	In items 6 and/or 7. O give new ☐ DELE	ty of record. Check only on TE name: Give record name	ADD nom	e: Complete item 7	r 7b. and also
B. CURRENT RECORD INFORMATION 68. ORGANIZATION'S NAME		у по вес	deleted in Item 6a or 6b.	item /c; a	so complete items 7d-	7g (if applicable)
DR 8b. INDIVIDUAL'S LAST NAME						
S. INDIVIDUALS DAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
. CHANGED (NEW) OR ADDED INFO	PRMATION:					<u> </u>
7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		TSUFFIX
						SUFFIX
MAILING ADDRESS		CITY		STATE POSTA	L CODE	COUNTRY
ORGANIZ	FO RE 76. TYPE OF ORGANIZATION	7f. JURISDICTION OF C	ORGANIZATION	7g. ORGANIZATIO	ONAL ID #, if any	
DEBTOR AMENDMENT (COLLATERAL CHA	NGE): check only one hav					NONE





10. OPTIONAL FILER REFERENCE DATA

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UCC FINANCIN				IT				
A NAME & PHONE OF			.Y		-			
TONE & PHONE OF	CONTACT AT FI	LEK (optional)						
B. SEND ACKNOWLED	SMENT TO: (Na	me and Addres	36)		1			
THACHER PRO		OOD			1			
50 Main Street								
White Plains, N ATTENTION:Ra		oan. Esa.						
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					TUE ABOVE OF			
a. INITIAL FINANCING STAT	EMENT FILE #	42222				1h Thi	OR FILING OFFICE US FINANCING STATEMEN	
KM00/PG9172,					X	ł to	be filed (for record) (or rec	orded) in the
TERMINATION: Effect	tiveness of the Fin	ancing Statemer	it identified above is to	erminated with respe	ct to security interest(s) of the So	cured Par	ty authorizing this Terminat	ion Statement.
continued for the addi	ectiveness of the F tional period provi	Inancing Staten ded by applicable	nent identified above le law.	with respect to sec	urity interest(s) of the Secured F	Party author	orizing this Continuation St	tatement is
. ASSIGNMENT (full or	partial): Give nam	e of assignee in	item 7a or 7b and ad	dress of assignee in	item 7c; and also give name of	assignor i	item 9.	
i. AMENDMENT (PARTY	INFORMATION)	: This Amendm	ent affects Deb	otor or Secure	d Party of record. Check only on			
Also check <u>QNE</u> of the folion CHANGE name and/or name (If name change)	address: Give curr in item 7a or 7b er	and provide appr ent record name	opriate information in in item 6a or 6b; also	give new	DELETE name: Give record name		ADD name: Complete item 7	7a or 7h, and alen
CURRENT RECORD INF		OU NOW BOOK BS	s (II aucress change)	in kem /c. Lit	o be deleted in item 6a or 6b.	<u> </u>	ADD name: Complete item 7 tem 7c; also complete items	7d-7g (if applicabl
6a. ORGANIZATION'S N	AME							
R 6b. INDIVIDUAL'S LAST	NAME		· · · · · · · · · · · · · · · · · · ·					
CO. INDIVIDUAL O LAST	INNE			FIRST NAME		MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR AD		ION:		<u> </u>		<u> </u>		
7a. ORGANIZATION'S N.	AME						· · · · · · · · · · · · · · · · · · ·	
R 7b. INDIVIDUAL'S LAST	NAME			FIRST NAME		IMIDDLE		
				I II WANE		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	···			СПҮ		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN	I	Ta						
3. 1AA ID #: 55N OR EIN	ADD'L INFO RE ORGANIZATION	17e. TYPE OF O	RGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, If any	
AMENDMENT (COLLATI	DEBTOR ERAL CHANGE):	check only on	n hox					L NON
Describe collateral X dele	eted or added	, or give entire	restated collatera	i description, or des	cribe collateral assigned.			
Partial Release o				·				
raidai Neiease O	uie attaci	iea.						
NAME OF SECURED PA	RTY OF RECOR	D ALITHORIZIA	IC THIS AMENDME	AIT (same of sealer	W. H			
adds collateral or adds the a	sthorizing Debtor, o	r if this is a Term	ination authorized by	N I (name of assign a Debtor, check here	or, if this is an Assignment). if	his is an A OR authon	mendment authorized by zing this Amendment.	a Debtor which
9a. ORGANIZATION'S NA	ME			······································			J. S.	
HSBC Bank U		-						
OU. INDIVIDUAL'S LAST N	OME			FIRST NAME		MIDDLE	IAME	SUFFIX
OPTIONAL FILER REFEREN	CE DATA							
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CKNOWLEDGMENT CO	PY - NATIONA	L UCC FINAL	NCING STATEME	NT AMENDMEN	NT (FORM UCC3) (REV.			

IITIAL FINANCING STATEMENT FIL BKM00/PG9172, file	o: 3/21/2000; Kla	math County, OR	
AME OF PARTY AUTHORIZING T	HIS AMENDMENT (same as ite		
128. ORGANIZATION'S NAME HSBC Bank USA			
12b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
			
se this space for additional informa	ation		
			THE ABOVE SPACE IS FOR FILING OFFICE USE O

NITIAL FINANCING STATEMENT FILE BKM00/PG9172, file	E # (same as item 1a on Amen d: 3/21/2000: Kla		
IAME OF PARTY AUTHORIZING TI	IS AMENDMENT (same as its	m 9 on Amendment form)	
128. ORGANIZATION'S NAME HSBC Bank USA			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
Use this space for additional informs	ation		
			THE ABOVE SPACE IS FOR FILING OFFICE USE O

A parcel of land situated in the Southwest ¼ of Section 3, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon, being more particularly described as follows:

Parcel 2 of Land Partition 30-03 as shown on the official plat thereof as filed at the office of the Klamath County Clerk.