		Ve	M04_	_Page	08868
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY		State of Oregon, County of Klamath Recorded 02/17/2004 8:07 a m Vol M04 Pg 8868 Linda Smith, County Clerk			
A. NAME & PHONE OF CONTACT AT FILER [optional]		Fee \$	<u>2100</u> #	of Pgs	<u></u>
Pam Nelson 916-714-2240 B. SEND ACKNOWLEDGEMENT TO: (Name and Address)					
Stockmans Bank P.O. Box 1150	-				
Elk Grove CA 95759					
L		THE ABOVE	SPACE IS FOR	EII ING OEEK	e lige ani v
1a. INITIAL FINANCING STATEMENT FILE #	<u>_</u> t				MENT AMENDMENT IS
VOL M99 PAGE 30112			to be filed REAL EST	[for record] (or TATE RECORD	record) in the DS.
2. TERMINATION: Effectiveness of the Financing Statement Identified a	bove is terminated with re	sepect to security interest(s			
3. CONTINUATION: Effectiveness of the Financing Statement Identified	above with respect to se	curity interest(s) of the Sec	ured Party authorizing	ng this Continuati	on Statement is continued
for the additional period provided by applicable law.					
 ASSIGNMENT: (full or partial): Give name of assignee in item 7a or 7i AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information 	Debtor <u>or</u> 🔲 Secure				· · · · · · · · · · · · · · · · · · ·
☐ CHANGE name and/or address: Give current record name in Item 6e or name (if name change) in Item 7e or 7b and/or new address (if address change	Sb; also give new	DELETE name: Give rec to be deleted in item 6e or 6b			ete item 7e cr7b, and also item s 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME Diaz	FIRST NAMI	E	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	Trank				
7a. ORGANIZATION'S NAME					_
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAMI	E	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL COE	DE COUNTRY
7d. ADD'L INFO RE 7e. TYPE OF ORGANIZA ORGANIZATION DEBTOR	TION 7f. JURISDIC	CTION OF ORGANIZAT	TION 7g. ORGA	ANIZATIONAL	ID #, if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla	toral decadation or deca				<u>L</u> None
			-		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN collectoral or adds the authorizing Debtor, or if this is a Termination authorized by a Debt [9a. ORGANIZATION'S NAME				ment authorized by	y a deblor which adds
Stockmans Bank					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAMI	E	MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA loan 1200624001 original filed 7/28/99 Kal	math County				
404 FILING OFFICE COPY - NATIONAL UCC FINANCING STATEM	ENT AMENDMENT	(FORM UCC3) (REV. &	<i>(</i> 02)		