OLL	JG 25 AM9:30 C FINANCING STATE LOW INSTRUCTIONS (front and b	ack) CAREFULLY	IT .	State of	08/25/0 g <u> </u>	Page 563 n, County of Kla 04 9:30 a 04 380 - 81 nty Clerk # of Pgs 2	math	
. NA	AME & PHONE OF CONTACT AT FILER (option Phone (8)) 662-4141					
SE	END ACKNOWLEDGEMENT TO: (Name and	Mailing Address) 511656 IWASH	HINGTON2					
UCC Direct Services 63567			1.1					
K	√ P.O. Box 29071	OROR						
•	Glendale, CA 91209-9071	FIXTUR	- .					
		FIXTUR		THE ABOV	E SDACE IS	S FOR FILING OFFICE USE	ONLY	
IN	NITIAL FINANCING STATEMENT FILE	: # 2		THE ABOV	1b. This	FINANCING STATEMENT A	MENDM	ENT is
V	OL MO1 PAGE12037 03-27-	01 CC OR Klamath			L REA	e filed [for record] (or recorde AL ESTATE RECORDS.		
5	X TERMINATION: Effectiveness of the	Financing Statement identified above	is terminated wi	th respect to security interest(s) of t	he Secured	Party authorizing this Termin	nation Sta	temen
	CONTINUATION: Effectiveness of the continued for the additional period provider	e Financing Statement identified above d by applicable law.	with respect to t	ne security interest(s) of the Secure	o rany aut	nonzing this Continuation Sta	ACHICIIL I	_
Γ	ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7	b and address	of assignee in 7c; and also gi	ve name (of assignor in item 9.		
	MENDMENT (PARTY INFORMATION):	This Amendment affects Debi	tor <u>or</u> Sec	cured Party of record. Check only o				
A	Also check <u>one</u> of the following three bo CHANGE name and/or address: Give curre name (if name change) in item 7a or 7b an	ent record name in item 6a or 6b; also	give new	DELETE name: Give record nar to be deleted in item 6a or 6b.		ADD name: Complete item 7a item 7c; also complete items		
	URRENT RECORD INFORMATION:							
6	6a. ORGANIZATION'S NAME JOHNSON AND MCINNIS LLO	C						
6	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE 1	NAME	SUFF	IX
	HANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	ATION:						
	78. 0103 11121110110110110							
7	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
	MAILING ADDRESS		CITY		STATE	POSTAL CODE	cou	NTRY
. ,					7- 000	ANIZATIONAL ID #, if any		
. <u>S</u>	SEE INSTRUCTION ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICT	ION OF ORGANIZATION	/g. ORG/	ANIZATIONAL ID #, II SIIY		NO
	DEBTOR MENDMENT (COLLATERAL CHANGE	The sheek and and have			<u> </u>			
AM	Describe collateral deleted or adde	d, or give entire restated collate	eral description.	or describe collateral assign	ea.			
			,					
. Na	IAME OF SECURED PARTY OF RECO adds collateral or adds the authorizing Debtor 9a. ORGANIZATION'S NAME	RD AUTHORIZING THIS AMEND , or if this is a Termination authorized I	DMENT (name	of assignor, if this is an Assignment	.). If this is a	in Amendment authorized by rizing this Amendment.	a Debtor	which
D. N.	adds collateral or adds the authorizing Debtor	RD AUTHORIZING THIS AMEND , or if this is a Termination authorized I	DMENT (name	of assignor, if this is an Assignment	.). If this is a TOR autho	rizing this Amenament.		which

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

11.	INITIAL FINANCING STATEMEN	IT FILE	# (same as item 1a on Amend	ment form)			
VC	L MO1 PAGE12037 03-	27-01	CC OR Klamath				
12.	NAME of PARTY AUTHORIZING THIS	S AMEND	MENT (same as Item 9 on Amend	ment form)			
	12a. ORGANIZATION'S NAME WASHINGTON MUTUAL BAN	RGANIZATION'S NAME HINGTON MUTUAL BANK DBA WESTERN BANK					
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME.SUFFIX			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: TWP 39 RANGE 9, BOLCK SEC 2 TRACT POR SW4NE4, ACRES 0.39 SEE EXHIBIT

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