		Vol_ <u>M0</u>	<u>4PageO ≈ 4</u>	<u> </u>	
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY		Recorded 09/1 Vol M04 Pg Linda Smith, C Fee \$ 26°	# of Pgs <u> 2</u>	amath m	
A. NAME & PHONE OF CONTACT AT FILER [optional]		500	ора		
UCC Filing Desk - (503) 443-1822	H-17-10-				
US Corporate Services 12750 SW Pacific Highway, Suite 201 Tigard, OR 97223					
L Di222011		- + BOVE CB + GE IC E	OR FILING OFFICE HEE O	ANI V	
1a. INITIAL FINANCING STATEMENT FILE #	J TH		OR FILING OFFICE USE O		
	11/22/99		be filed [for record] (or recorde EAL ESTATE RECORDS.	d) in the	
2. TERMINATION: Effectiveness of the Financing Statement identified above is					
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured Party au	horizing this Continuation State	ment is	
	ddress of assignee in item 7c; and a	Iso give name of assignor	in item 9.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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 it	ems 6 and/or 7.				
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: in item 7c. DELETE name:		ADD name: Complete item 7a o tem 7c; also complete items 7d-	r 7b, and also ·7g (if applicable).	
6. CURRENT RECORD INFORMATION:					
Ga. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX	
	·				
7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]					
U.S. BANK NATIONAL ASSOCIATION					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	É NAME	SUFFIX	
THE ADDRESS	CITY	STATI	POSTAL CODE	COUNTRY	
7c. MAILING ADDRESS 555 SW OAK STREET PD-OR-P7LD	PORTLAND	OR	1	USA	
7d. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZ	ATION 7g. OF	GANIZATIONAL ID #, if any		
DEBTOR		<u></u>		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 AMI	ENDMENT (name of assignor, if th	is is an Assignment). If thi	s is an Amendment authorized by	y a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and en	iter name of DEBTOR au	thorizing this Amendment.		
9a. ORGANIZATION'S NAME					
U.S. BANK NATIONAL ASSOCIATION OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDD	_E NAME	SUFFIX	
SO, INDIVIDUAL O CAST TANKE					
10. OPTIONAL FILER REFERENCE DATA	. 1	<u> </u>			
02-3129248334					

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

UCC FINANCING STATE	MENTAMENDME	NT ADDENDUM
FOLLOW INSTRUCTIONS (front and t	back) CAREFULLY	descritorm)
11. INITIAL FINANCING STATEMENT VOL M99 PG 46212	FILE # (same as item 1a on Amen	ament form)
12. NAME OF PARTY AUTHORIZING 12a, ORGANIZATION'S NAME		tem 9 on Amendment form)
U.S. BANK NATIONA	L ASSOCIATION	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional infor	mation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR: LANDRUM JOINT VENTURE LLC
2949 ONYX
KLAMATH FALLS, OR 97601
SECURED PARTY: U S BANK NATIONAL ASSOCIATION
PL-7 COMMERCIAL LOAN SERVICE-WEST
555 S.W. OAK
PORTLAND OR 97204