mTC-	73009

M06-01694

Klamath County, Oregon 01/27/2006 02:43:58 PM Pages 1 Fee: \$21.00

	C FINANCING STATEMENT AMENDMENT						
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]						
B. 5	SEND ACKNOWLEDGEMENT TO: (Name and Address)						
	AmeriTitle						
l	Attn: Cindi Poling						
	1501 E. McAndrews Rd.						
	Medford, OR 97504						
					FILING OFFICE USE		
	INITIAL FINANCING STATEMENT FILE #		1b.		NCING STATEMENT [for record] (or record		
	ol M03 Page 29658				TATE RECORDS.		
2.	✓ TERMINATION: Effectiveness of the Financing Statement identified above is t	erminated with	respect to security interest(s) of the	e Secured Pa	arty authorizing this Termin	nation Statement.	
3. [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.	ASSIGNMENT: (full or partial): Give name of assignee in item 7a or 7b and ad	dress of assig	nee in item 7c; and also give name	of assignor in	item 9.		
	MENDMENT (PARTY INFORMATION): This Amendment affects Debtor use check one of the following three boxes and provide appropriate information in item		red Party of record. Check on	ly <u>one</u> of the	ese two boxes.		
	CHANGE name and/or address: Give current record name in item 6a or 6b; also g	-	DELETE name: Give record no		DD name: Complete item	7a or7b and also item	
	name (if name change) in item 7a or 7b and/or new address (if address change) in item		to be deleted in item 6a or 6b.		; also complete items 7d-7g		
6. C	ÜRRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME						
	Onvx Business Park LLC						
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE	NAME	SUFFIX	
7. C	 HANGED (NEW) OR ADDED INFORMATION:	1					
	7a. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NA	MF	MIDDLE	NAME	SUFFIX	
	TO. INDIVIDUAL O EAST VANIBLE			111111111111111111111111111111111111111		30.1.11	
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
7d. ADD'L. INFO RE 7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORG	7g. ORGANIZATIONAL ID#, if any		
	DRGANIZATION DEBTOR					☐ NONE	
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.	<u></u>		-,'			
C	Describe collateral deleted or added, or give entire restated collateral de	scription, or de	escribe collateral assigned.				