					M06-0	3288		
						ounty, Oregon		
UCC FINANCIN	IS (front and back)	CAREFULLY	MENT		Pages 1	Fee: \$2		
A. NAME & PHONE OF		R [optional]						
CONSUMER LOAI B. SEND ACKNOWLED		and Address)	(800) 775-80	15				
FIRST MUT								
PO BOX 16	47							
BELLEVUE		WA	98009-1647		-	_		
a. INITIAL FINANCING STA	TEMENT FILE#				THE ABOVE S		OR FILING OFFICE	
		V:M05 P:52479				to l	pe filed [for record] (or	recorded) in the
TERMINATION: E	fectiveness of the Fina	ncing Statement identific	ed above is terminated	with respect to s	security interest(s) of the	e Secured Pa	rty authorizing this Ten	mination Statement
CONTINUATION: continued for the addi	Effectiveness of the F tional period provided	inancing Statement ider by applicable law.	itified above with resp	ect to security in	nterest(s) of the Secu	red Party auth	orizing this Continuation	on Statement is
ASSIGNMENT (full	or partial): Give name	of assignee in Item 7a	or 7b and address of a	ssignee in Item 7	c' and also give nome	of contours to		
. AMENDMENT (PART	(INFORMATION):	This Amendment affec			of record. Check only			
Also check one of the follo	wing three boxes and p	provide appropriate infor	mation in items 6 and/o	or 7.	or records. Check biny	MINE OF ITTES	two boxes.	
CHANGE name and/or name (If name change	address: Give current in item 7a or 7b and/o	t record name in item 6a or new address (if addres	or 6b; also give new s change) in item 7c.	DELETE to be dele	name: Give record na eted in item 6a or 6b.	me Al	DD name: Complete ite m 7c; also complete ite	em 7a or 7b, and also
CURRENT RECORD IN	FORMATION:			1.0 00 00.0	oted at itelli da of og.	[] ite	m /c; also complete ite	ems 7d-7g (if applical
6a. ORGANIZATION'S I	IAME							
66. INDIVIDUAL'S LAST	NAME	A	Linex					
WOFFORD		i	FIRST NAME WAYNE		MIDDLE NAME		SUFFIX	
CHANGED (NEW) OR A	DOED INFORMATIO	N·	1 1111	1116				
7a. ORGANIZATION'S N								
7b. INDIVIDUAL'S LAST NAME			FIRST NA	FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS								
MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN	ADD'L INFO RE 176	e. TYPE OF ORGANIZA	FION 74 HIDIO	NOTION OF THE				
	ORGANIZATION DEBTOR	o. THE OF CHOMINE	71. JURISL	DICTION OF OR	GANIZATION	7g. ORG/	ANIZATIONAL ID #, if a	any
AMENDMENT (COLLA		chack only one have						NO
		give entire restated	d pollotorni danasiata					
	, and or anded; or	give entirerestated	collateral description	, or describe co	ollateralassigned			
VINYL SIDING								
PARCEL: R562								
ON FILE IN THE	OFFICE OF CO	CT NO. 1037, FIFT UNTY CLERK OF	H ADDITION TO	SUNSET VI	LLAGE, ACCOR	DING TO	THE PLAT THERE	EOF
		our of	NE WATER COOL	NTT, OREG	OIN.			
IAME OF SECURES	MOTV							
VAME OF SECURED If	PARTY OF RECOR	D AUTHORIZING TH	HIS AMENDMENT (I	name of assignor	r, if this is an Assignment	ent). If this is a	an Amendment authoriz	ted by a Debtor which
NAME OF SECURED Radds collateral or adds the a	ME	To To To To Think Buort au	HIS AMENDMENT (introduced by a Debtor, c	name of assignor	r, if this is an Assignm nd enter name of DEI	ent). If this is a BTOR author	an Amendment authoriz zing this Amendment.	ted by a Debtor which
9a. ORGANIZATION'S NA	ME FIRST M	D AUTHORIZING TH this is a Termination au MUTUAL BANK	HIS AMENDMENT (introvided by a Debtor, c	name of assignor	r, if this is an Assignm nd enter name of DEI	ent). If this is a BTOR author	in Amendment authorizing this Amendment. \mathcal{L}	red by a Debtor which
NAME OF SECURED I adds collateral or adds the a 9a. ORGANIZATION'S NA 9b. INDIVIDUAL'S LAST N	ME FIRST M	To To To To Think Buort au	HIS AMENDMENT (introduced by a Debtor, of First NAME)	neck here a	r, if this is an Assignm nd enter name of DEI	ent). If this is a STOR authorical MIDDLE N	zing this Amendment. レルらしい	ed by a Debtor which

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10. OPTIONAL FILER REFERENCE DATA

DEBTOR: 51-114993-07 WOFFORD, WANYE