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A NAME & PHONE OF CONTACT AT FILE (potional) Dean S. Kaufman (541) 342-5587 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) Dean S. Kaufman, Esq. Kaufman & Stewart 270 Oakway Center Eugene, Oregon 97401 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TO ANSWAY CENTER TO Oakway Center Eugene, Oregon 97401 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here	6. OR 7. OR 7c 7d 8.	Also check one of the following three boxes and provide appropriate information in its 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) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7	em 6 and/or 7. To give new DELETE name: Give record name of the deleted in item 6a or 6b. FIRST NAME FIRST NAME CITY To JURISDICTION OF ORGANIZATION description, or describe collateral assigned.	MIDDLE NAME STATE POSTAL CODE To, ORGANIZATIONAL ID #, if any
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	6. OR 7. OR 7c 7d 8.	Also check one of the following three boxes and provide appropriate information in its 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) in ite CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ADD'L. INFO RE ORGANIZATION DEBTOR DEBTOR ORGANIZATION DEBTOR DEBTOR DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED DESCRIBED ORGANIZATION DEBTOR DESCRIBED DESCRIB	em 6 and/or 7. To give new DELETE name: Give record name of the deleted in item 6a or 6b. FIRST NAME FIRST NAME CITY To JURISDICTION OF ORGANIZATION description, or describe collateral assigned.	MIDDLE NAME STATE POSTAL CODE To, ORGANIZATIONAL ID #, if any
collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment.	6. OR 7. OR 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	Also check one of the following three boxes and provide appropriate information in its 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) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7	em 6 and/or 7. so give new DELETE name: Give record name in 7c. to be deleted in item 6a or 6b. FIRST NAME CITY Tf. JURISDICTION OF ORGANIZATION description, or describe collateral assigned.	MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX Tg. ORGANIZATIONAL ID #, if any