UCC FINANCING STATEMENT AMENDMENT UCLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (pilonal) Diligenz, Inc. 1-800-858-5294 B.SENA ACKNOWLEDGMENT TC: (Name and Address) [20097570 Prepared by: Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukitleo, WA 98275 L Filed In: Oregon Klamath THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE Filed In: Oregon Klamath THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  a NATAL FINANCING STATEMENT FILE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  b filed in config Statement identified above with respect to security interest(a) of the Secure Party authorizing this Termination Statement.  a Continued for the didditionation Statement identified above with respect to security interest(a) of the Secure Party authorizing this Termination Statement.  Control of the didditionation provide at provide aspopriate intern 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of asignee in term 7 or 7 b and address of a address of a man of a respect to asignee in term 7 or 7		Klam 06/20	6-12602 nath County, Oregon 0/2006 10:51:04 AM as 1 Fee: \$21.00	
Mukilteo, WA 98275       Filed In: Oregon Klamath         In       THE ABOVE SPACE IS POR FILING OFFICE USE ONLY         Ta INTIAL FINANCING STATEMENT FILE #       The ABOVE SPACE IS POR FILING OFFICE USE ONLY         Ta Intitul FINANCING STATEMENT FILE #       The ABOVE SPACE IS POR FILING OFFICE USE ONLY         Ta Intitul FINANCING STATEMENT AMENDMENT is       The ABOVE SPACE IS POR FILING OFFICE USE ONLY         Termaintion Statement File file       The ABOVE SPACE IS POR FILING OFFICE USE ONLY         Termaintion Statement file file       The ABOVE SPACE IS POR FILING OFFICE USE ONLY         Termaintion: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement.         3.       CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.         4.       ASSIGNMENT (vill or partial): Give name of assignee in tem 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 Debitor or Disected Party of record can ame of assigner in tem 7c; and also give name of assignor in item 9.         6.       CHANGES Plasse properties information in items 6 and/or 7.       ADD and Ernst, Linda G         6.       CHANGE NEW DATION:       First NAME       MIDDLE NAME       SUFFIX         7a.       CHANGE NAME </th <th>OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME &amp; PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 20097570 Prepared by: Diligenz, Inc.</th> <th><b>U</b></th> <th></th> <th></th>	OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 20097570 Prepared by: Diligenz, Inc.	<b>U</b>		
a INITIAL FINANCING STATEMENT FILE # Vol MO5, Page 55324 07/19/2005  1b. This FINANCING STATEMENT AMENDMENT is vol MO5, Page 55324 07/19/2005  1b. This FINANCING STATEMENT AMENDMENT is vol MO5, Page 55324 07/19/2005  2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 2. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. 4. ASSIGNMENT (full or partia): Give name of assignee in item 7 a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 3. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Debtor of the additional period provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Please refer to the detailed instructions Debtor of ADD name: Complete item 7a or 7b, and also give name of assigner in item 7c; and also give name of assigner in tem 7c (at applicable). 5. CURRINT RECORD INFORMATION: 6. CORGANIZATION'S NAME Errist, RObert D and Errist, Linda G 6. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7. ORGANIZATION'S NAME 7. INDIVIDUAL'S LA	Mukilteo, WA 98275			
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In regards to changing the name/address of a party.       I to be deleted in item 6a or 6b.       I also complete items 7e-7g (if applicable).         3. CURRENT RECORD INFORMATION:       6a. ORGANIZATION'S NAME       Ernst, Robert D and Ernst, Linda G         6a. ORGANIZATION'S NAME       FIRST NAME       MIDDLE NAME         70. INDIVIDUAL'S LAST NAME       FIRST NAME       MIDDLE NAME         70. ORGANIZATION'S NAME       FIRST NAME       MIDDLE NAME         71. ORGANIZATION'S NAME       FIRST NAME       MIDDLE NAME         72. ORGANIZATION'S NAME       FIRST NAME       MIDDLE NAME         74. ORGANIZATIONS       CITY       STATE       POSTAL CODE         76. SEEINSTRUCTIONS       ADD'L INFO RE       7e. TYPE OF ORGANIZATION       7f. JURISDICTION OF ORGANIZATION       7g. ORGANIZATIONAL ID #, if any	Continued for the additional period provided by applicable law.     ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar     AMENDMENT (PARTY INFORMATION): This Amendment affects	nd address of assignee in item 7c; and also give n Debtor <u>or</u> Secured Party of record. Check	ame of assignor in item 9.	Statement is
Ernst, Robert D and Ernst, Linda G         Bb. INDIVIDUAL'S LAST NAME       FIRST NAME         CHANGED (NEW) OR ADDED INFORMATION:         7a. ORGANIZATION'S NAME         R         7b. INDIVIDUAL'S LAST NAME         Image: Comparize the state of the s	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	DELETE name: Give record name	ADD name: Complete item 7a c also complete items 7e-7g (if ap	pr7b, and also item 7c; plicable).
OD. INDIVIDUAL'S LAST NAME     MIDDLE NAME     SUFFIX       . CHANGED (NEW) OR ADDED INFORMATION:     7a. ORGANIZATION'S NAME     Image: Constraint of the state of	Ernst, Robert D and Ernst, Linda G			
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7b. INDIVIDUAL'S LAST NAME       FIRST NAME       MIDDLE NAME       SUFFIX         c. MAILING ADDRESS       CITY       STATE       POSTAL CODE       COUNTRY         d. SEE INSTRUCTIONS       ADD'L INFO RE       7e. TYPE OF ORGANIZATION       7f. JURISDICTION OF ORGANIZATION       7g. ORGANIZATIONAL ID #, if any				
STATE       POSTAL CODE       COUNTRY         STATE       POSTAL CODE <td>R 75. INDIVIDUAL'S LAST NAME</td> <td>FIRST NAME</td> <td>MIDDLE NAME</td> <td>SUFFIX</td>	R 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ORGANIZATION	C. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	

 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

 STERLING SAVINGS BANK

 9b. INDIVIDUAL'S LAST NAME

 FIRST NAME

 IO.OPTIONAL FILER REFERENCE DATA

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