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09/25/2006 11:10:19 AM

Fee: \$21.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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| A. NAME & PHONE OF CONTACT AT FILER (optional)   |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |
| St. John & Wayne, L.L.C.<br>70 East 55th Street - 19th Floor<br>New York, NY 10022<br>Attention: Peter G. Selden, Esq. |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE #<br>Volume M04, Page 33142 (5/25/04), Klamath County, Oregon | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/> |
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| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  |
| 3. <input type="checkbox"/> 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. |

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| 4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.<br><input type="checkbox"/> DELETE name: Give record name to be deleted in item 8a or 8b.<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |

|                                |                            |            |                    |
|--------------------------------|----------------------------|------------|--------------------|
| 6. CURRENT RECORD INFORMATION: |                            |            |                    |
| 6a. ORGANIZATION'S NAME        |                            |            |                    |
| OR                             | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |

|  |                                   |                          |                                  |
|--|-----------------------------------|--------------------------|----------------------------------|
| 7. CHANGED (NEW) OR ADDED INFORMATION: |                                   |                          |                                  |
| 7a. ORGANIZATION'S NAME                |                                   |                          |                                  |
| OR                                     | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME               | MIDDLE NAME SUFFIX               |
| 7c. MAILING ADDRESS                    |                                   | CITY                     | STATE POSTAL CODE COUNTRY        |
| 7d. SEE INSTRUCTIONS                   | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION |
| 7g. ORGANIZATIONAL ID #, if any        |                                   |                          | <input type="checkbox"/> NONE    |

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| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. |  |
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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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                    |
| 9a. ORGANIZATION'S NAME   |                            |            |                    |
| OR  | BANK OF AMERICA, N.A.      |            |                    |
|   | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |

|                                    |  |
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| 10. OPTIONAL FILER REFERENCE DATA  |  |
| Debtor: BC Timber Properties, Inc. |  |

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