2006-020593 Klamath County, Oregon UCC FINANCING STATEMENT AMENDMENT OW INSTRUCTIONS (front and back) CAREFULLY 00006187200600205930030030 A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 10/13/2006 08:43:18 AM Fee: \$31.00 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 317121 BANK OF AMERI 9445279 **UCC Direct Services** P.O. Box 29071 **OROR** Glendale, CA 91209-9071 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. 1a. INITIAL FINANCING STATEMENT FILE # VOL.M04, PG33142-235 05/25/04 CC OR Klamath Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the 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 address of assignee in 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE r to be dele DELETE name: Give record name ADD name: Complete item 7a or 7b. and a item 7c; also complete items 7d-7g (if applica 6. CURRENT RECORD INFORMATION: BC TIMBER PROPERTIES, INC. OR MIDDLE NAME SUFFIX FIRST NAME 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION 7e. TYPE OF ORGANIZATION 7d. SEE INSTRUCTION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. restated collateral description, or describe collateral assigned. Describe collateral deleted or added, or give entire 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 BANK OF AMERICA, N.A., SUCCESSOR TO FLEET NATIONAL BANK SUFFIX 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME

9445279 Debtor Name: BC TIMBER PROPERTIES, INC. 01-1166619-18/768 TAE Northeast Region 280-0083527

10. OPTIONAL FILER REFERENCE DATA

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ME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282		2-4141					
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ASSIGNMENT (full or partial): Give name of assignee MENDMENT (PARTY INFORMATION): This Amendment	affects Debtor or	Secured Par	ty of record. Check only or	e of these two	boxes.		
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