UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

000107952006002456100010015

12/12/2006 10:37:27 AM   Fee: $21.00

A. NAME & PHONE OF CONTACT AT FILER [optional]
Diligenz, Inc.   1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

┌
23252994

Diligenz, Inc.
6500 Harbour Heights Pkwy
Suite 400
Mukilteo, WA 98275

└   Filed In: Oregon   Klamath ┐

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #	1b.
73861 V M99 PG 3452 1/29/1999 0	This FINANCING STATEMENT AMENDMENT is [X] to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

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.

3. [ ] **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.

4. [ ] **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 [ ] 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: Please refer to the detailed instructions in regards to changing the name/address of a party.	[ ] DELETE name: Give record name to be deleted in item 6a or 6b.	[ ] 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			
WC RANCH, INC. (DEBTOR)			
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 USA

7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				[X] NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only *one* box.

Describe collateral [ ] deleted or [ ] added, or give entire [ ] restated collateral description, or describe collateral [ ] assigned.

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			
THE TRAVELERS INSURANCE COMPANY			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA	
030234081/CITIGROUP	23252994

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)