



00028544200700138730010012

08/07/2007 09:07:06 AM

Fee: \$21.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] p rodgers 208-364-8097
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  *SOUTHERN OREGON CHRISTIAN SUPPLY INC 315 E MAIN ST MEDFORD OR 97501

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **95-18514 FILED 9-18-95 KLAMATH COUNTY** 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2.  **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: 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** 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 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME <b>SOUTHERN OREGON CHRISTIAN SUPPLY INC</b>				
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 <b>315 EAST MAIN STREET</b>		CITY <b>MEDFORD</b>	STATE <b>OR</b>	POSTAL CODE <b>97501</b>	COUNTRY
--	--	------------------------	--------------------	-----------------------------	---------

7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION <b>CORP</b>	7f. JURISDICTION OF ORGANIZATION <b>OR</b>	7g. ORGANIZATIONAL ID #, if any <b>OR10343812</b>	<input type="checkbox"/> 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 <b>KEYBANK NATIONAL ASSOCIATION</b>				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

*Paul Rodly* PAID SPECIALIST 8/1/07

10. OPTIONAL FILER REFERENCE DATA