

2007-015327

Klamath County, Oregon



00030301200700153270020023

08/30/2007 08:33:30 AM

Fee: \$26.00

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Phone (800) 331-3282 Fax (818) 662-4141

## B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16915 US BANK PORTLA

UCC Direct Services

P.O. Box 29071

Glendale, CA 91209-9071

11991828

OROR

FIXTURE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE #

VOL M03 PG 10773 02/24/03 CC OR Klamath

1b. This FINANCING STATEMENT AMENDMENT is  
 to be filed [or 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 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  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

KATHRYN E. NICHOLSON, D.M.D., P.C.

OR

## 6b. INDIVIDUAL'S LAST NAME

## FIRST NAME

## MIDDLE NAME

## SUFFIX

## 7. CHANGED (NEW) OR ADDED INFORMATION:

## 7a. ORGANIZATION'S NAME

## 7b. INDIVIDUAL'S LAST NAME

## FIRST NAME

## MIDDLE NAME

## SUFFIX

## 7c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

## 7d. SEE INSTRUCTION

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

## 7e. TYPE OF ORGANIZATION

## 7f. JURISDICTION OF ORGANIZATION

## 7g. ORGANIZATIONAL ID #, if any

 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

U.S. BANK NATIONAL ASSOCIATION

OR

## 9b. INDIVIDUAL'S LAST NAME

## FIRST NAME

## MIDDLE NAME

## SUFFIX

## 10. OPTIONAL FILER REFERENCE DATA

11991828 Debtor Name: KATHRYN E. NICHOLSON, D.M.D., P.C. 02-0013584287-34 3000013114

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

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12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME  
U.S. BANK NATIONAL ASSOCIATION

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
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13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LOT 2, BLK 6, TRACT 1080, WASHBURN PARK, KLAMATH FALLS, OREGON.