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08/30/2007 08:33:30 AM

Fee: \$26.00

UCC FINANCING STATEMENT AMENDMENT  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                           |                                 |
|-------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone (800) 331-3282 Fax (818) 662-4141 |                                 |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16915 US BANK PORTLA               |                                 |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                          | 11991828<br><br>OROR<br>FIXTURE |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                          |                                  |                                                                                                                                                     |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>VOL M03 PG 10773 02/24/03 CC OR Klamath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                          |                                  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |                     |
| 2. <input 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 checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <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: 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                          |                                  |                                                                                                                                                     |                     |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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<br><input type="checkbox"/> NONE                                                                                    |                     |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                          |                                  |                                                                                                                                                     |                     |

|                                                                                                                                                                                                                                                                                                                                                               |                            |  |            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|------------|--------------------|
| 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<br>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)  
VOL M03 PG 10773 02/24/03 CC OR Klamath

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

|    |                                                            |            |                     |
|----|------------------------------------------------------------|------------|---------------------|
| OR | 12a. ORGANIZATION'S NAME<br>U.S. BANK NATIONAL ASSOCIATION |            |                     |
|    | 12b. INDIVIDUAL'S LAST NAME                                | FIRST NAME | MIDDLE NAME, SUFFIX |

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.