2007-015521 Klamath County, Oregon UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULL Fee: \$26.00 09/04/2007 10:30:08 AM A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 8417 WFB-BBG-BOISE-M 12010598 **UCC Direct Services** P.O. Box 29071 OROR Glendale, CA 91209-9071 **FIXTURE** 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 M03 PAGE 11156-57 02/25/03 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 TERMINATION: CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is d for the additional period provided by applicable law 4. X 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 ADD name: Complete item 7a or 7b. and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable) 6. CURRENT RECORD INFORMATION: a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME WELLS FARGO BANK, N.A. FIRST NAME MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME 7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 83707-2203 PO BOX 8203 BOISE ID 7g. ORGANIZATIONAL ID #, if any 7e TYPE OF ORGANIZATION 7f JURISDICTION OF ORGANIZATION 7d. SEE INSTRUCTION ADD'L INFO RE **ORGANIZATION** DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one_ box. Describe collateral deleted or added, or give entire

idds collateral or adds the authorizing Debtor, or if this is a Termination authorial or ORGANIZATION'S NAME	iorized by a Debtor, Crieck Here	er harrie di DEBTOR addiorizing inis Arrie	nument.
98. ORGANIZATION'S NAME WELLS FARGO BANK NORTHWEST, NATIONAL ASS	SOCIATION		
WEELS FARGO BANKNORTHWEST, NATIONAL AGG			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	LSUFFIX

10. OPTIONAL FILER REFERENCE DATA

12010598 Debtor Name: KLAMATH HEALTH PARTNERSHIP, INC. 4810257007

Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel. (800) 331-3282

UC FOL	C FINANCING STATEMENT A LOW INSTRUCTIONS (front and back	AIVIENDIVIEN k) Carefully	I ADDENDUM		
11.1	NITIAL FINANCING STATEMENT FILE # (s	ame as item 1a on Amend	ment form)		
VO	L M03 PAGE 11156-57 02/25/03	CC OR Klamath			
12. N	IAME of PARTY AUTHORIZING THIS AMENDME	NT (same as item 9 on Amen	dment form)		
	12a. ORGANIZATION'S NAME WELLS FARGO BANK NORTHWEST, NATIONAL ASSOCIATION				
OR	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: TAX LOTS 13300, 13400, 13500, AND 14900 IN THE SOUTHWEST QUARTER OF SECTION 33 IN TOWNSHIP 38 SOUTH, RANGE 9 EAST IN KLAMATH COUNTY, OREGON. THE PROPERTY ADDRESS IS COMMONLY KNOWN AS: 2074 SOUTH 6TH ST. KLAMATH FALLS, OREGON 97603