LICC EINANCING STATEMENT A

10. OPTIONAL FILER REFERENCE DATA

2008-001802 Klamath County, Oregon



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UCC FINANCING STATEMENT AMENDMENT

1ST SECURITY BANK OF WASHINGTON PO BOX 97000 LYNNWOOD, WA 98046	
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LYNNWOOD, WA 98046	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. M05-64280 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: 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 OR 6b. INDIVIDUAL'S LAST NAME IRST NAME MIDDLE NAME SUFFIX **BROOKS GREGORY** 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME WIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE ORGANIZATION DEBTOR 7d. SEEINSTRUCTIONS 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 an enter name of DEBTOR authorizing this Amendment. 9a ORGANIZATION'S NAME 1ST SECURITY BANK OF WASHINGTON
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX