2008-005534 Klamath County, Oregon



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04/16/2008 08:39:44 AM Fee: \$21.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional] MATILDA GREEN 949-470-3960 B. SEND ACKNOWLEDGMENT TO: (Name and Address) KC WILSON & ASSOCIATES LN:138 CIBC20 JPMC 23232 PERALTA DR., STE 119 LAGUNA HILLS, CA 92653

L		J THE	ABOVE SPACE IS	FOR FILING OFFICE L	JSE ONLY
		аматн со.,	OR 🛛	This FINANCING STATEM to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement			erest(s) of the Secured	Party authorizing this Term	ination Statement.
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ement identified above with respect to e law.	security interest(s) of	f the Secured Party a	uthorizing this Continuation	Statement is
4. ASSIGNMENT(full) r partial): Give name of assignee i	in item 7a or 7b and address of assigned	in item 7c; and also	give name of assigno	or in item 9.	
 AMENDMENT (PARTY INFORMATION): This Amenda Also check one of the following three boxes and provide appropriately 	priate information in items 6 and/or 7.	red Party of record.(Check only <u>one</u> of the	ese two boxes.	
CHANGE name and/or address: Please refer to the detailed ins in regards to changing the name/address of a party.		ne: Give record name I in item 6a or 6b.		DD name: Complete item 7a o so complete items 7e-7g (if ap	or 7b, and also item 7c;
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		, , , , , , , , , , , , , , , , , , , ,			
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDE	DLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			*		
7a. ORGANIZATION'S NAME WELLS FARGO BANK, N.A., AS TF 7b. INDIVIDUAL'S LAST NAME	RUSTEE*	- All All All All All All All All All Al	MIDE	DLE NAME	SUFFIX
 7c. MAILING ADDRESS CMBS DEPARTMENT	CITY		STA	TE POSTAL CODE	COUNTRY
1055 10TH AVENUE SE	MINNEA	POLIS	M	N 55414	
ORGANIZATION		ON OF ORGANIZATION		PRGANIZATIONAL ID#, if a	ny
DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only g Describe collateral deleted or added, or give entire *FOR THE REGISTERED HOLDERS (restated collateral description, or o	_	_	GAGE SECURI	TIES TRUST

FULL ASSIGNMENT - ASSIGNS ALL COLLATERAL AS DESCRIBED IN ORIGINAL FINANCING STATEMENT

2007-CIBC20, COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-CIBC20

			9a. ORGANIZATION'S NAME
			CIBC INC.
SUFFIX	MIDDLE NAME	FIRST NAME	9b, INDIVIDUAL'S LAST NAME
	MIDDLE NAME	FIRST NAME	9b, INDIVIDUAL'S LAST NAME

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)