## 2008-008647 Klamath County, Oregon



## UCC FINANCING STATEMENT AMENDMENT

06/16/2008 10:06:49 AM Fee: \$21.00 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) 1ST SECURITY BANK OF WASHINGTON PO BOX 97000 LYNNWOOD, WA 98046 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. **VOL M03 - PAGE 76926-27** 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. 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 hame 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 of 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 the control o 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). 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX MIDDLE NAME KENNETH **DAVIS** 7. CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME OR MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY 7c. MAILING ADDRESS CITY ADD'L INFO RE 76. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION g. ORGANIZATIONAL ID #, if any 7d. SEE INSTRUCTIONS NONE DEBTOR 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			
	1ST SECURITY BANK OF WASHINGTON			
	9b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10 OPTIONAL FILER REFERENCE DATA				

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