

MT032194

2008-011998

Klamath County, Oregon



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08/26/2008 11:27:42 AM

Fee: \$21.00

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> Kristi Stockebrand (541) 608-8945
<b>B. SEND ACKNOWLEDGEMENT TO: (Name and Address)</b>  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">           Bank of the Cascades            1220 Corona Avenue, Suite 201            Medford, Oregon 97504         </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<b>1a. INITIAL FINANCING STATEMENT FILE #</b> Recorded 2/1/2007 in Book 2007 Page 01809	<b>1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or record) in the REAL ESTATE RECORDS.</b> <input checked="" type="checkbox"/>
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<b>2. <input checked="" type="checkbox"/> TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
<b>3. <input type="checkbox"/> CONTINUATION:</b> 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.	
<b>4. <input type="checkbox"/> ASSIGNMENT:</b> (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.	
<b>5. AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check one of the following three boxes and provide appropriate information in item 6 and/or 7.	
<input type="checkbox"/> <b>CHANGE name and/or address:</b> 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"/> <b>DELETE name:</b> Give record name to be deleted in item 6a or 6b.
<input type="checkbox"/> <b>ADD name:</b> Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).	

<b>6. CURRENT RECORD INFORMATION:</b>				
<b>6a. ORGANIZATION'S NAME</b> The Autumn One Family Limited Partnership & Washburn JV LLC				
OR	<b>6b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>7. CHANGED (NEW) OR ADDED INFORMATION:</b>				
<b>7a. ORGANIZATION'S NAME</b>				
OR	<b>7b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>7c. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
				<b>COUNTRY</b>
<b>7d.</b>	<b>ADD'L. INFO RE ORGANIZATION DEBTOR</b>	<b>7e. TYPE OF ORGANIZATION</b>	<b>7f. JURISDICTION OF ORGANIZATION</b>	<b>7g. ORGANIZATIONAL ID #, if any</b>
				<input type="checkbox"/> NONE

<b>8. AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box. 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.	
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<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (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.				
<b>9a. ORGANIZATION'S NAME</b> Bank of the Cascades				
OR	<b>9b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>

<b>10. OPTIONAL FILER REFERENCE DATA</b> 300008027
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2/1/07