## 2009-006907 Klamath County, Oregon

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MIDDLE NAME

SUFFIX

Angle Henson 1-800-205-3944 ext. 4524  Discrete Financial Corporation Angle Henson 1-800-205-3944 ext. 4524  Discrete Financial Corporation Attn: Angle Henson P O Box 3090 Alpharetta, GA 30023  Textron Financial Corporation Attn: Angle Henson P O Box 3090 Alpharetta, GA 30023  Termination Financial Corporation Attn: Angle Henson P O Box 3090 Alpharetta, GA 30023  Termination: Effectiveness of the Financing Statement identified above is terminated with respect to security in continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and als address 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: Givenee Change of the following three boxes and provide appropriate information in items 6 and/or 7.  □ CURRENT RECORD INFORMATION:  6a. ORGANIZATION S NAME    FIRST NAME   FIRST NAME   FIRST NAME   Shawn	e Secured Party authorizes this Continuation Statem give name of assignor in item 9. nly one of these two boxes. e record name	AMENDMENT is ed) in the Statement. The ment is er 7b, and also
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DEBION	⊠ NONE	
AMENDMENT (COLLATERAL CHANGE): Check only one box.		
Describe collateral 🔲 deleted or 🔲 give entire 🗋 restated collateral description, or describe collateral 🔲 assigned.		
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NAME OF SECURED PARTY OF RECORD AURTHORIZING THIS AMENDMENT (name of assignor, if this is an A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check the 🔲 and entr		

FIRST NAME

Textron Financial Corporation

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OR 96. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA