

2009-009995

Klamath County, Oregon



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## UCC FINANCING STATEMENT AMENDMENT

07/23/2009 09:19:27 AM

Fee: \$21.00

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Barbara S. DiRienzo (202) 625-3845</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>CSC Corporation Service Company®</b> <b>P.O. Box 591</b> <b>Wilmington, DE 19899</b> <b>(800) 927-9800</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <b>BKM00/PG9172 FILED: 3/21/2000; Klamath County, OR</b>		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input checked="" type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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 <b>WRAYCO, INC.</b>			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME <b>NHF AUTOMOBILES, LLC</b>			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS <b>2833 Washburn Way</b>		CITY <b>Klamath Falls</b>	STATE <b>OR</b> POSTAL CODE <b>97603</b> COUNTRY <b>USA</b>
7d. SEE INSTRUCTIONS <b>Not Applicable</b>	ADD'L INFO RE ORGANIZATION DEBTOR <b>LLC</b>	7e. TYPE OF ORGANIZATION <b>LLC</b>	7f. JURISDICTION OF ORGANIZATION <b>Oregon</b>
		7g. ORGANIZATIONAL ID #, if any <b>517209-94</b>	<input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input checked="" type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.			

ALL OF DEBTOR'S RIGHTS, TITLE AND INTERESTS IN, UNDER, ARISING OUT OF, OR IN RELATION TO, WHETHER NOW OWNED OR HEREAFTER ACQUIRED AS STATED IN RIDER ATTACHED HERETO:

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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME <b>HSBC Bank USA, as Indenture Trustee for the Registered Holders of Falcon Franchise Loan Trust 2000-1</b>			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

FILE WITH KALMATH COUNTY, OR (208972-01005)