## 2009-014972 Klamath County, Oregon

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UCC FINANCING STATEMENT AMENDMENT ×>>200900149720010014 11/23/2009 08:52:50 AM FOLLOW INSTRUCTIONS (front and back) CAREFULLY Fee: \$37.00 A. NAME & PHONE OF CONTACT AT FILER [optional] LOAN SERVICING 800-775-8015 B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ta. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. VOL:M05 PG:51170 07/06/2005 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. 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 Debtor or 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 CHANGE name and/or address: 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 7o ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX **NEWSOME RICHARD & SHIRLEY** 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 7d. TAX ID#: SSN OR EIN ADD'L INFO RE 76, TYPE OF ORGANIZATION 7f, JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 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

<ol><li>NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Term</li></ol>			ed by a Debtor which
9a. ORGANIZATION'S NAME FIRST MUTUAL BANK		(Ad)	11/2/09
OP	T		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE-WAME	SUFFIX
10, OPTIONAL FILER REFERENCE DATA			
DEBTOR(S): NEWSOME, RICHARD & SHIRLEY 51-114961-04		KLAMATH, OR \$41	