

2010-000817

Klamath County, Oregon



00078359201000008170010018

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (818) 662-4141

01/22/2010 08:41:56 AM

Fee: \$37.00

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 21522 STERLING SAVIN

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-907121739774
OROR

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
VL-M05 PG-55326 07/19/05 CC OR Klamath1b. This FINANCING STATEMENT AMENDMENT is
to be filed (for record) (or recorded) in the
REAL ESTATE RECORDS.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.3. ☒ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the 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 name of assignee in item 7a or 7b and address of assignee in 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 7.☐ **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 7c. ☐ **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 7d-7g (if applicable)6. **CURRENT RECORD INFORMATION:**6a. ORGANIZATION'S NAME
NICOLA J. CHERRY, MD, LLCOR
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR
7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ☐ NONE8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

SHORT LEGAL DESCRIPTION: SW 1/4 NE 1/4 S20, T38S, R9E, W.M., KLAMATH COUNTY.

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
STERLING SAVINGS BANKOR
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX10. **OPTIONAL FILER REFERENCE DATA**
21739774 Debtor Name: NICOLA J. CHERRY, MD, LLC 378 378909448