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X TERMINATION:

2010-004950 Klamath County, Oregon



Fee: \$42.00

UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) C.	T AMENDMENT AREFULLY	04/27/2010 08:11:19 AM	Fee
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 33	1-3282 Fax (818) 662-4141	<i>:</i>	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing A CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	22932387 OROR FIXTURE	THE ABOVE SPACE IS FOR FILING	OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # Vol M00 Pg 41336 11/15/00 CC OI	R Klamath	1b. This FINANCING S X to be filed [for reco	STATEMENT AMENI ord] (or recorded) in t ECORDS.

3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.			<u></u>	Statement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7				·
5. /	AMENDMENT (PARTY INFORMATION): This Amendment affects Det Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record na	ıme 📺 .	two boxes. ADD name: Complete item tem 7c; also complete item	
	GA. ORGANIZATION'S NAME MISSION BELLS, LLC				
)R	бь. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		
ÖR	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 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE
8. /	AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collateral.	teral description, or describe collateral assign	ned.		

ZING THIS AMENDMENT (name of assignor, if this is remination authorized by a Debtor, check here and en	s an Assignment). If this is an Amendment autho ter name of DEBTOR authorizing this Amendme	rized by a Debtor which nt.
N		
FIRST NAME	MIDDLE NAME	SUFFIX
	emination authorized by a Debtor, check here and en	N .

10. OPTIONAL FILER REFERENCE DATA

22932387 Debtor Name: MISSION BELLS, LLC 16-15219-100 MISSION BELLS, LLC

UC FOI	C FINANCING STATEM	ENT AMENDMEN MIND BOOK (CAREFULLY)	NT ADDENDUM
	NITIAL FINANCING STATEMENT F		ndment form)
Vol	M00 Pg 41336 11/15/00	CC OR Klamath	
12. N	NAME OF PARTY AUTHORIZING THIS AN	ENDMENT (same as item 9 on Ame	endment form)
	12a. ORGANIZATION'S NAME IRWIN BUSINESS FINANCE COR	PORATION	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
/ 1 3.	Use this space for additional info	rmation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: OZ INVESTMENT, LLC Description: THE SOUTHERN ONE HUNDRED TWENTY (120') FEET OF LOT 4, BLOCK 1, TRACT 1249, KLAMATH COUNTY, OREGON.