	2010-013161 Klamath County, Oregon
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	00092832201000131610020021
A. NAME & PHONE OF CONTACT AT FILER (optional)	11/12/2010 08:52:31 AM Fee: \$42.00
Phone (800) 331-3282 Fax (818) 662-4141	
CT Lien Solutions 26030407 P.O. Box 29071 Glendale, CA 91209-9071 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16915 US BANK PORTLA CT Lien Solutions 26030407 P.O. Box 29071 Glendale, CA 91209-9071 FIXTURE	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 28829 Bk VOL M Pg 8043 05/01/91 CC OR Klamath	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
	a respect to security interest(s) of the Secured Party authorizing this Termination Statement. e security interest(s) of the Secured Party authorizing this Continuation Statement is
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.
S. AMERIDIAE (1 ACC) THE CHARACTER C	ared Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 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.	6 and/or 7. DELETE name: Give record name 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 BALIN'S TOWER DRUG AND GIFTS, INC.	

. CURRENT RECORD INFORMATION:			
63. ORGANIZATION'S NAME BALIN'S TOWER DRUG AND GIFTS	, INC.		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	ŞUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME		477	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 7e. TYPI ORGANIZATION DEBTOR	E OF ORGANIZATION 7f. JURISDICTION OF ORGANI.	ZATIÓN 7g. ORGANIZATIONAL ID #, if any	NON

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26030407 Debtor Name: BALIN'S TOWER DRUG AND GIFTS, INC. 02-0511470864-59/13155 300001315

11.	INITIAL FINANCING STATEMENT FILE #	(same as item 1a on Amendme	nt form)
28	829 Bk VOL M Pg 8043 05/01/	91 CC OR Klamath	
12.	NAME of PARTY AUTHORIZING THIS AMENDM	MENT (same as item 9 on Amendm	ent form)
	12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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Description: LEGAL AND PARCEL # ARE NOT REQUIRED. Page No: 8043 Book No: VOL M