## 2011-011232 Klamath County, Oregon





UCC FINANCING STATEMENT AMENDMENT		NT	00108368201100112320020027				
LLOW INSTRUCTIONS (fron	t and back) CARE	FULLY		10/10/201	11 10:18:06	AM	Fee: \$42.0
NAME & PHONE OF CONTACT AT FII Pho	.ER [optional] one (800) 331-32	282 Fax (81	8) 662-4141				·
END ACKNOWLEDGEMENT TO: (N	ame and Mailing Address	s) 14413 UMPG	QUA BANK				
0711 011		301461	E2				
CT Lien Solutions P.O. Box 29071		301401	33				
Glendale, CA 91209-	9071	OROR					
	3071	FIXTUF	RE I				
· ·				THE A	BOVE SPACE I	S FOR FILING OFFICE US	SE ONLY
INITIAL FINANCING STATEMEN M05-71614 12/22/05 (					▼ to b	FINANCING STATEMEN e filed [for record] (or record) AL ESTATE RECORDS.	
X TERMINATION: Effectivene	ess of the Financing State	ement identified abov	e is terminated with res	ect to security interest(s)	of the Secured	Party authorizing this Terr	mination Statement.
CONTINUATION: Effectivene			e with respect to the se	curity interest(s) of the Se	cured Party aut	horizing this Continuation S	Statement is
continued for the additional period	provided by applicable li	aw.					
ASSIGNMENT (full or partial)	: Give name of assigr	nee in item 7a or 7t	and address of ass	gnee in 7c; and also g	jive name of a	ssignor in item 9.	
MENDMENT (PARTY INFORMA	TION): This Amendm	ent affects Del	otor or Secured	Party of record. Check on	nly one of these	two boxes.	
Also check one of the following th	•			•	,		
CHANGE name and/or address: 0	Sive current record name	in item 6a or 6b; also	give new DE	LETE name: Give record	Iname —	ADD name: Complete item	7a or 7b. and also
name (if name change) in item 7a	or 7b and/or new addres	ss (if address change)	) in item 7c to	pe deleted in item 6a or 6	6b	tem 7c; also complete item	ns 7d-7g (if applicable
URRENT RECORD INFORMATI	ON:						
6a. ORGANIZATION'S NAME							
KLAMATH ETNA LLC							
6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	IAME	SUFFIX
CHANGED (NEW) OR ADDED IN	FORMATION:						
7a. ORGANIZATION'S NAME							
			TEIDOT NAME		1.0551.51		Laurani
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	IAME	SUFFIX
AAII ING ADDDEGG			CITY		STATE	DOSTAL CODE	COUNTRY
MAILING ADDRESS					SIAIE	POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INFO	RE 79. TYPE OF	ORGANIZATION	7f. JURISDICTION O	FORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	
ORGANIZA DEBTOR	TION						NONE
	(ANCE): aback anh	one her				<u> </u>	
NMENDMENT (COLLATERAL CH Describe collateral	_		eral description, or de	scribe collateral assi	igned,		
L.J <b>L</b>					-		
		•					

	AME of SECURED PARTY OF RECORD AUTHORIZING T			
	9a. ORGANIZATION'S NAME Umpqua Bank	,		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA 30146153 Debtor Name: KLAMATH ETNA LLC 68701083 PAYOFF CHARGE

11.	INITIAL FINANCING STATE	MENT FILE # (same as item 1	1a on Amendment form)
MC	05-71614 12/22/05	CC OR Klamath	
12.	NAME of PARTY AUTHORIZING	THIS AMENDMENT (same as it	tem 9 on Amendment form)
	12a. ORGANIZATION'S NAME Umpqua Bank		
OR	12b. INDIVIDUAL'S LAST NAM	E FIRST NAME	MIDDLE NAME SUFF

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONL'

Description: N/A