|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2012-0<br>, Klamath                                           | 03247<br>County, Oregon                                                                     | 11111      |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------|
|     | ICC FINANCING STATEMENT AMENDMENT DLLOW INSTRUCTIONS (front and back) CAREFULLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 001159:                                                       | 26201200032470020024                                                                        |            |
| Ä.  | NAME & PHONE OF CONTACT AT FILER [optional]  KIM JEFFERSON 314-505-5527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 03/28/2012                                                    | 03:20:44 PM                                                                                 | Fee        |
| В.  | . SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                                                             |            |
|     | CASS COMMERCIAL BANK<br>13001 HOLLENBERG DRIVE<br>BRIDGETON, MO 63044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                             |            |
|     | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | THE ABOVE                                                     | SPACE IS FOR FILING OFFICE USE                                                              | ONLY       |
|     | . initial financing statement file # 2006-024030 12/04/2006 KLAMATH CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OUNTY, OR                                                     | 1b. Tais FINANCING STATEMENT<br>to be filed [for record] (or record<br>REAL ESTATE RECORDS. |            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Debtor or Secured Party of record. Check on                   |                                                                                             |            |
|     | CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE name: Give record name to be deleted in item 6a or 6b. | ADD name: Complete item 7a or 7b also complete items 7e-7g (if applica                      | , and also |
|     | 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                             |            |
| OR  | 6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST NAME                                                    | MIDDLE NAME                                                                                 | SU         |
| 7.  | CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                                                             |            |
| OR  | NEW HORIZON CHRISTIAN FELLOV 75. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WSHIP<br>FIRST NAME                                           | MIDDLE NAME                                                                                 | su         |
| 7c. | . MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITY                                                          | STATE POSTAL CODE                                                                           | cc         |
|     | ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7f. JURISDICTION OF ORGANIZATION                              | 7g. ÖRGANIZATIONAL ID #, if any                                                             |            |
|     | AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.  Describe collateral deleted or added, or give entire restated collateral deleted or added deleted deleted or added deleted deleted deleted or added deleted deleted deleted or added deleted delete | teral description, or describe collateral assign              | ed.                                                                                         |            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                             |            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                             |            |
|     | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               | nment). If this is an Amendment authorized l<br>DEBTOR authorizing this Amendment.          | oy a Det   |
|     | adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                             |            |
| OR  | adds collateral or adds the authorizing Debtor, or if this is a Termination authorize  9a. ORGANIZATION'S NAME  CASS COMMERCIAL BANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed by a Debtor, check here 🔲 and enter name of C              | DEBTOR authorizing this Amendment.                                                          | oy a Deb   |

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| FOL | LOW INSTRUC          | TIONS (front and | back) CAREFULLY                  |                             |  |  |  |
|-----|----------------------|------------------|----------------------------------|-----------------------------|--|--|--|
| 11. | INITIAL FINAN        | CING STATEMEN    | NT FILE # (same as item 1a on Am | nendment form)              |  |  |  |
| _20 | 06-024030            | 12/04/2006       | KLAMATH COUNTY                   | Y, OR                       |  |  |  |
| 12. | NAME OF PAR          |                  | NG THIS AMENDMENT (same a        | s item 9 on Amendment form) |  |  |  |
| OR  | CASS COMMERCIAL BANK |                  |                                  |                             |  |  |  |
| OR  | 12b. INDIVIDUA       | 'S LAST NAME     | FIRST NAME                       | MIDDLE NAME, SUFFIX         |  |  |  |
|     |                      |                  |                                  |                             |  |  |  |

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**DEBTOR: NEW HORIZON CHRISTIAN FELLOWSHIP** 

RECORD OWNER: NEW HORIZON CHRISTIAN FELLOWSHIP

SECURED PARTY: CASS COMMERCIAL BANK

## LEGAL DESCRIPTION:

## PARCEL 1

Parcel 1 of Land Partition 5-03 said Land Partition being a portion of Lot 10, VICORY ACRES, situated in the NE1/4 NE1/4 of Section 2, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon

Tax Account No. 3909-002AA-06300-000 Key No. 511039