			Kiamath (, ,		
CC FINANCING STATEMI DLLOW INSTRUCTIONS (front and back		NT	0011786	#2012000	48820020027	
NAME & PHONE OF CONTACT AT FILER [optional] Phone (800)	1) 662 4141	05/10/2012 (12012000 18:59:48 A	.M	Fee: \$42.
SEND ACKNOWLEDGEMENT TO: (Name and Mail) 662-4141	· · · · · · · · · · · · · · · · · · ·	•		
	14413 OIVIFQC					
OT Line Out House	3309846	 				
CT Lien Solutions P.O. Box 29071	3309040	00				
Glendale, CA 91209-9071	OROR					
1	FIXTUR	E ,				
			THE ABO	VE SPACE IS	FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 2007-019921 11/26/07 CC OR	Klamath			1b. This to be REA	FINANCING STATEMEN filed [for record] (or reco L ESTATE RECORDS.	T AMENDMENT i rded) in the
	ancing Statement identified above					
CONTINUATION: Effectiveness of the Final continued for the additional period provided by a	ancing Statement identified above applicable law.	with respect to th	e security interest(s) of the Secu	ed Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name	e of assignee in item 7a or 7b	and address of	assignee in 7c; and also give	name of as	ssignor in item 9.	
AMENDMENT (PARTY INFORMATION): This	P 1		ared Party of record. Check only	one of these	two boxes.	
Also check <u>one</u> of the following three boxes a CHANGE name and/or address: Give current re	ecord name in item 6a or 6b; also g	give new	DELETE name: Give record na		DD name: Complete iten	
Name (if name change) in item 7a or 7b and/or current RECORD INFORMATION:	new address (if address change) ii	nitem 7c. [to be deleted in item 6a or 6b,		em 7c; also complete iter	ns /d-/g (if applic
6a. ORGANIZATION'S NAME					150	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	ΔMF	SUFFIX
STANLEY		GORDEN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
L CHANGED (NEW) OR ADDED INFORMATIO	N:			<u> </u>		
7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
STANLEY		GORDEN				
MAILING ADDRESS		CITY BONANZA		STATE	POSTAL CODE 97623	COUNTRY
4444 HWY 70 SEE INSTRUCTION ADD'L INFO RE 78	TYPE OF ORGANIZATION		N OF ORGANIZATION	OR 7g. ORGAN	NZATIONAL ID#, if any	JUSA
ORGANIZATION DEBTOR						No
AMENDMENT (COLLATERAL CHANGE): ch	· 					
Debtor: Stanley 24444 Borranzi	Gorden Hwy To)	r describe collateral assign	ed.		
Debtor: Stanley	Gorden Hwy To a, OR 976: mggua Ba ox 1820 2burg, OR	23 101 9747	0			

FIRST NAME

2012-004882

9b. INDIVIDUAL'S LAST NAME

OR

10. OPTIONAL FILER REFERENCE DATA
33098466 Debtor Name: STANLEY, GORDEN 68797126 DOC PREP FEE

SUFFIX

MIDDLE NAME

11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amer	ndment form)
200	07-019921 11/26/07 CC	OR Klamath	
12.1	NAME of PARTY AUTHORIZING THIS A	MENDMENT (same as item 9 on Am	endment form)
	12a. ORGANIZATION'S NAME Umpqua Bank		
OR			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: SEE ABOVE