1500900

2012-008594 Klamath County, Oregon

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08/06/2012 03:23:36 PM

Fee: \$37.00

## **UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
Mark A. Stayer (503) 222-9981
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
RECORD AND RETURN TO: FIRST AMERICAN TITLE INSURANCE COMPANY
SIX CONCOURSE PARKWAY, SUITE 2000 00 ATLANTA, GA 30328 FILE NO.: NCS
ATTN: VICKY GRIFFIN

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. IN	IITIAL FINANCING STATEMENT FILI	# V M05 P 09196-201		This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
2.🛛	TERMINATION: Effectiveness of the F	nancing Statement identified above is ten	minated with respect to the sedty interest(s) of the	Secured Party authorizing this Termination S	atement.
3.	CONTINUATION: Effectiveness of the additional period provided by applicable		respect to security interest(s) of the Secured Part	y authorizing this ContinuatiStatement is conti	nued for the
4.			ess of assignee in item 7c; and also give name of a		
5.	Also check one of the following three bo CHANGE name and/or address: Gi	<ul> <li>This Amendment affects Debtor or Resand provide appropriate information in Recurrent record name in item 6a or 6b; a 7a or 7b and/or new address (if address c</li> </ul>	Ilso give DELETE name: Give record name	_	
	CURRENT RECORD INFORMATION:				
	6a. ORGANIZATION'S NAME Meriwether Southern C	regon Land & Timber L	LC, as Debtor		
OR (	6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
_	HANGED (NEW) OR ADDED INFOR	MATION:			
	7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
	ADD'L INFO RI ORGANIZATIO DEBTOR		7f. JURISDICTION OF ORGANIZATION	7g. ÖRGANIZATIONAL I.D. #, if any	□none
	NDMENT (COLLATERAL CHANGE): cribe collateral	- —	ral description, or describe collateral 🔲 assign	ned.	
	teral or adds the authorizing Debtor, of 9a. ORGANIZATION'S NAME	or if this is a Termination authorized by	(name of assignor, if this is an Assignment). If a Debtor, check here   and enter name of C	DEBTOR authorizing this Amendment.	
OR	John Hancock Life In Company	surance Company (U.S	S.A.), successor by merger to	o John Hancock Life Insu	ance
	9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	l TIONAL FILER REFERENCE DATA Iath County Terminatio				

F. 31.00