15F	Courtesu	

2012-009672 Klamath County, Oregon

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UCC FINANCING STATEMENT AMENDMENT		08/31/2012 11:16:12 AM		Fee: \$37.	
OLLOW INSTRUCTIONS (front and back) CARE	FULLY	en e		4' ()	
NAME & PHONE OF CONTACT AT FILER (opti	ional]				
SEND ACKNOWLEDGMENT TO: (Name and A	Address) SG2		• • •	, .	
DRI	AIL				
8130 SW Beaverton-Hillsdale H	Highway ALI	1			
Portland, OR 97225					
32737	72-2				
			IS FOR FILING OFFICE USE		
n initial financing statement file # 2007-017668 Date:10/11/2007 E	g. p.		 to be filed [for record] (or record) 		
TERMINATION: Effectiveness of the Financing S			REAL ESTATE RECORDS		
CONTINUATION: Effectiveness of the Financin					
continued for the additional period provided by app	plicable law,	to security interest(s) or the Secured Pa	rty authorizing this Continuation Stat	tement is	
ASSIGNMENT (full or partial): Give name of ass	signee in item 7a or 7b and address of assig	nee in item 7c; and also give name of ass	ignor in item 9.		
AMENDMENT (PARTY INFORMATION): This A	Amendment affects Debtor or Se	cured Party of record. Check only one of	f these two boxes.		
Also check one of the following three boxes and provide	• • • • • • • • • • • • • • • • • • • •				
CHANGE name and/or address: Please refer to the deta in regards to changing the name/address of a party.		name: Give record name sted in item 6a or 6b.	ADD name: Complete item 7a or 7b, also complete items 7e-7g (if applical	and also item 7c; bie).	
CURRENT RECORD INFORMATION: [62. ORGANIZATION'S NAME]					
	TIPE IIC				
KLAMATH PROFESSIONAL PROPERS 66. INDIVIDUAL'S LAST NAME	FIRST NAME		IIDDLE NAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION:					
7a, ORGANIZATION'S NAME					
7a, ORGANIZATION'S NAME					
	FIRST NAM	= N	MIDDLE NAME	SUFFIX	
7a, ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME					
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAMI		STATE POSTAL CODE	SUFFIX	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 76. TYP	CITY				
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 76. TYP ORGANIZATION DEBTOR	CITY PE OF ORGANIZATION 7f. JURISDIC		STATE POSTAL CODE	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYP ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check	CITY PE OF ORGANIZATION 7f. JURISDIC k only one box.	ETION OF ORGANIZATION 7	STATE POSTAL CODE	COUNTRY	
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