2012-010551 Klamath County, Oregon

C FINANCING STATEMENT AMENUMEN I LOW INSTRUCTIONS (front and back) CAREFULLY		09/25/2012 09:45:24 AM			Fee: \$37.00
A. NAME & PHONE OF CONTACT AT FILER [optional]		·			
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)					
ReProp Financial 555 H Street, Suite G Eureka, CA 95501					
		THE ABOVE SPA	CE 18 E	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE OF A	1b. T	his FINANCING STATEMEN	AMENDMENT is
2007-019804				be filed [for record] (or record STATE RECORDS.	ded) in the REAL
2. TERMINATION: Effectiveness of the Financing Statement identified above					
3. CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.	ove with respect to securit	y interest(s) of the Secured	Party aut	horizing this Continuation Sta	tement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in i	tem 7c, and also give name	of assign	or in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debt. Also check one of the following three boxes and provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also gname (if name change) in item 7a or 7b and/or new address (if address change) in 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	ns 6 and/or 7. give new DELETE n	f record. Check only <u>one</u> of ame: Give record name ad in item 6a or 6b.	∏ADD na	o boxes. me: Complete item 7a or 7b, and also complete items 7d-7g (if ap	
OR					
6b. INDIVIDUAL'S LAST NAME Adams	FIRST NAME Alfred		MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	Allied				
OR					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	7f. JURISDICTION OF	ÓRGANIZATIÓN	7g. ORG.	ANIZATIONAL ID#, if any	NONE
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	NDMENT (name of assig	nor, if this is an Assignment)			y a Debtor which
9a. ORGANIZATION'S NAME					
ReProp Financial Mortgage Investors, LLC 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10, OPTIONAL FILER REFÉRENCE DATA					