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03/21/20	13 09:17	:38 AM
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Fee: \$42.00

UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) C	IT AMENDMENT AREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 33	11-3282 Fax (818) 662-414
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing A  CT Lien Solutions  P.O. Box 29071  Glendale, CA 91209-9071	37366804 OROR FIXTURE
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			_	THE ABOV	E SPACE IS	S FOR FILING OFFICE L	ISE ONLY
	INITIAL FINANCING STATEMENT FIL 2008-05398 04/14/08 CC C				1b. This to be	FINANCING STATEME e filed [for record] (or rec AL ESTATE RECORDS.	NT AMENDMENT is orded) in the
2.	TERMINATION: Effectiveness of the	he Financing Statement identified abov	ve is terminated with respo	ect to security interest(s) of t	he Secured	Party authorizing this Te	rmination Statement.
3.	X CONTINUATION: Effectiveness of the continued for the additional period provide	ne Financing Statement identified abouted by applicable law.	ve with respect to the secu	rity interest(s) of the Secure	ed Party auti	horizing this Continuation	Statement is
4.	ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7	b and address of assig	nee in 7c; and also give	name of a	ssignor in item 9.	
	MENDMENT (PARTY INFORMATION) Also check one of the following three bo CHANGE name and/or address: Give cui name (if name change) in item 7a or 7b a	oxes and provide appropriate information for the provide appropriate information for the provided appropriate informati	ormation in items 6 and ogive new	arty of record. Check only only only only only only only on the control of the control only on the control only only only only only only only on	me 🦳 1	ADD name: Complete iter tem 7c; also complete ite	
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME				<u> </u>		
OR	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
	MATTHEWS		OWEN		NATHAN		
7. C	HANGED (NEW) OR ADDED INFORM	ATION:					
	7a. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
7c. N	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d. <u>s</u>	SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NONE
ı		ed, or give entire restated collar	•	ا لبا	ed.		
I	Delotor 29595 Del	merritt Rd, M	alin, or o	17632			

NAME OF SECURED PARTY OF RECORD AUTHORIZING T			
9a. ORGANIZATION'S NAME PremierWest Bank 1459 E. Mc Andrew	us Rd. Blda.B. Med	ford, OR 97504	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O. OPTIONAL FILER REFERENCE DATA			

37366804 Debtor Name: MATTHEWS, OWEN NATHAN 8630 88-ASSET RECOVERY GROUP

11.	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Amer	ndment form)
20	08-05398 04/14/08 CC OF	R Klamath	
12.	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)
	12a. ORGANIZATION'S NAME PremierWest Bank		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: 29595 DeMerritt Rd, Malin Oregon, 97632 R-4112-00800-01800-000, Key No. R109091.