UCC FINANCING STATEMENT AMENDMENT

2013-006953 Klamath County, Oregon



001379002013000695300200

06/19/2013 10:39:01 AM Fee: \$42.00

FOLLOW INSTRUCTIONS (front and back)	CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141					
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 11478 - WACHOVIA BANK - WHOL					
CT Lien Solutions P.O. Box 29071	38582268				
Glendale, CA 91209-9071	OROR FIXTURE				
File with: Kl	amath, OR				
1a. INITIAL FINANCING STATEMENT FILE #					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Vol M03 Pg 85299-85302 11/18/2003 CC OR Klamath TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME James L. Thompson Family Limited Partnership Klamath falls wan OR 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7d. SEE INSTRUCTIONS 7g. ORGANIZATIONAL ID #, if any ORGANIZATION NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

	AME OF SECURED PARTY OF RECORD A adds collateral or adds the authorizing Debto		· · ·		Amendment authorized by a Debtor which TOR authorizing this Amendment.	
QR	9a. ORGANIZATION'S NAME Wells Fargo Bank, Nation	al Association	3033 E Boise,	Ider Street, 3rd ID 83705	Ploor, MACH	NU 1851-033
	9b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA Debtor Name: James L. Thompson Family Limited Partnership						
385	582268	0046361\16721	-		not assigned	

	C FINANCING STATEM LOW INSTRUCTIONS (front and back) CARE		DDENDUM			
	initial financing statement file # (st of M03 Pg 85299-85302 11		th			
12. NAME OF PARTY AUTHORIZING THIS AMÉNDMENT (same as item 9 on Amendment form)						
55	12a. ORGANIZATION'S NAME Wells Fargo Bank, National Association					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.1	se this space for additional information					

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Real Estate Description follows: Recorded Owner: Owner Address : ,