## 2013-009544 Klamath County, Oregon



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	08/20/2013 12:41:39 PM	Fee: \$42.00
A. NAME & PHONE OF CONTACT AT FILER (optional)	1	··— — · <u>—</u>
Phone: (800) 331-3282 Fax: (818) 662-4141		
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 16915 - US BANK PORTLAND CLS	1	
CT Lien Solutions 39463363 P.O. Box 29071		
Glendale, CA 91209-9071 OROR		
l FIXTURE I		le.
File with: Klamath, OR	THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 28829 BK VOL M PG 8043 5/1/1991 CC OR Klamath	1b. This FINANCING STATEMENT AMENDMENT is to be a (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provice	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above is terminated with Statement</li> </ol>	respect to the security interest(s) of Secured Party authorizing	this Termination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of A For partial assignment, complete items 7 and 9 and also indicate affected collateral in item</li> </ol>		
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to continued for the additional period provided by applicable law	the security interest(s) of Secured Party authorizing this Continu	lation Statement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes:  AND Check one of these three boxes:  CHANGE name and/or	address: Complete ADD name: Complete item DELETE	name: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and item		leted in item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one</li> <li>Ga. ORGANIZATION'S NAME</li> </ol>	name (ea or eb)	
BALIN'S TOWER DRUG AND GIFTS, INC.		
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSON	AL NAME ADDITIONAL NAME(S)INITIAL(	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only	name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
7a. ORGANIZATION'S NAME		r
OR 7b. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL S FIRST PERSONAL IMAILE		
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	1	SUFFIX
7c. MAILING ADDRESS	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	□ DELETE collateral □ RESTATE covered collateral	ASSIGN collateral
Indicate collateral:		
Debtor Name and Address: BALIN'S TOWER DRUG AND GIFTS, INC 1791 WASHBURN WAY, KLAMA'	TH FALLS, OR 97603	
, , , , , , , , , , , , , , , , , , ,	777,020,01107000	
Secured Party Name and Address: U.S. BANK NATIONAL ASSOCIATION - 555 S.W. OAK STREET PD-OR-P7LD	PORTLAND, OR 97204	
	·	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here  and provide name of author	· — · · · · · ·	n Assignment)
98. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION		
OR 9b. INDIVIDUAL'S SURNAME FIRST PERSON	AL NAME ADDITIONAL NAME(SYINITIAL)	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name; BALIN'S TOWER DRUG AN	ID GIFTS, INC.	1
39463363 3000013155	02-470864-59/	13155

UCC FINANCING STATEMENT AMENDMI FOLLOW INSTRUCTIONS	ENT ADDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendm 28829 BK VOL M PG 8043 5/1/1991 CC OR Klan	ent form nath			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as ite	m 9 on Amendment form			
12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAMÉ		_		
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE S	SPACE IS FOR FILING OFFICE US	E ONLY
<ol> <li>Name of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, mo</li> </ol>	Debtor of record required for indudify, or abbreviate any part of the	exing purposes only in son Debtor's name); see Instr	ne filing offices - see Instruction item auctions if name does not fit	n 13): Provide only
13a. ORGANIZATION'S NAME BALIN'S TOWER DRUG AND GIFTS, INC.	A*.	( 4	-	
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  15. This FINANCING STATEMENT AMENDMENT:	17.00	escription of real estate:		
covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described i (if Debtor does not have a record interest):	is filed as a fixture filing Page 8043	AL AND PARCEL # A P No: S K No:	RE NOT REQUIRED.	