## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	17888 - PACIFIC
CT Lien Solutions P.O. Box 29071	40630008
Giendale, CA 91209-9071	OROR
1	FIXTURE
File with: Klamath, OR	

2013-012780 Klamath County, Oregon



11/15/2013 11:22:39 AM

Fee: \$42.00

Giendale, CA 91209-9071	OROR					
1	FIXTU	RE <sub>I</sub>	ļ			
File with: Klamath, OR			THE ABOVE	SPACE IS FO	R FILING OFFICE (	JSE ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCING S	TATEMENT AME	NDMENT is to be filed	[for record]
2009-000297 1/12/2009 CC OR Klamath			(or recorded) in the Filer: <u>sitach</u> Amendm	ent Addendum (Form	RECORDS UCC3Ad) <u>and</u> provide De	abtor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identification.</li> </ol>	entified above is	terminated with	respect to the security inte	erest(s) of Secure	Party authorizing this	Termination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete Items 7 and 9 and also indice</li> </ol>	em 7a or 7b, <u>an</u> cate affected col	d address of Ar lateral in item 6	ssignee in Item 7c <u>and</u> nam	e of Assignor in It	em 9	·
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law</li> </ol>		with respect to 1	he security interest(s) of S	acured Party auth	orizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:		·-····································				<u> </u>
Check one of these two boxes:	ND Check one o			OD name: Complet	e item DELETE nan	ne: Give record name
This Change affects Debtor or Secured Party of record	item 6a	or 6b; <u>and</u> item 7	ddress: Complete Al 7a or 7b <u>and</u> item 7c 7a	or 7b, and item 7d	to be deleted	in item 6a or 6b
8. CURRENT RECORD INFORMATION: Complete for Party Information	ation Change - p	rovide only <u>one</u>	name (6a or 6b)			
6a. ORGANIZATION'S NAME						
OR 6b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·	FIRST PERSON	NAME	ADDITION	AL NAME(SYINITIAL(S)	SUFFIX
Daum	ĺ	G.	TE I WOME	Fred	· · · · · · · · · · · · · · · · · · ·	32.134
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	un information Chan	oo - armido ariu f	no nama (7a ar 7h) Juna annet fui	I name do not omb me	dife or objection one part of	The Debtor's name)
7. CHANGED OR ADDED INFORMATION: Company for Assignments Fa	ATA INTOLUESTANI CHEM	Re - browns oral F	red clairs (18 of 15) (use some, to	treate, do not one, me	unj, ur antire same anj partur	ale bedail o hank)
A CONTRACTOR OF A SAME						
OR 76. INDIVIDUAL'S SURNAME					···	
TE BENT DONE O SONITABLE						
INDIVIDUAL'S FIRST PERSONAL NAME			<del> </del>			
INDR/IDUAL'S ADDITIONAL NAME(SYINITIAL(S)		•				SUFFIX
7c. MAILING ADDRESS		СПҮ	<del></del>	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four b	ores: ADD	collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
Indicate collateral:						
Debtor Name and Address:						
Daum, G. Fred - 5232 South Sixth Street, Klamath Fal						
Klamath Dental Care, Inc 5232 South Sixth Street, K	Jamath Falls,	OR 9/603				
Secured Party Name and Address: Pacific Continental Bank - P.O. Box 10727 , Eugene, O	R 97440					
OTOURIN BLODY - DECORD WE WANTE					· · · · · · · · · · · · · · · · · · ·	
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZED If this is an Amendment authorized by a DEBTOR, check here</li> </ol>	_	NDMENT: Pr ame of authorizi		rep) (name of Ass	ignor, ii uus is an Aasig	mnem)
Sa. ORGANIZATION'S NAME	T am brang in	4.45 W 400101K	ng Dobin			
Pacific Continental Bank						
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX

18060

Daum, G. Fred; Klamath Dental Care Inc.

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Daum, G. Fred

40630008

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS	LINI ADDEND	O I II			
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a c	on Amendment form				
	9-000297 1/12/2009 CC OR Klamath					
12,	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 12a. ORGANIZATIONS NAME	n 9 on Amendment form				
	Pacific Continental Bank					
OR	12D. IRDJY IDAM, S SURRABIE					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX			
					PACE IS FOR FILING OFFICE U	
13.	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	Debtor of record required dify, or abbreviate any pa	i for indexing part of the Debt	purposes only in som or's name); see Instru	e filing offices - see Instruction iter uctions if name does not fit	n 13): Provide only
1	13a. ORGANIZATION'S NAME					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSOI	VAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	Daum	G.			Fred	1
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	•			· · · · · · · · · · · · · · · · · · ·	
45			Ian no con			
15.	This FINANCING STATEMENT AMENDMENT:  Covers timber to be cut. Covers as-extracted collateral.	is filed as a fixture filing		ion of real estate:  I Description.		
Ror 796	Name and address of a RECORD OWNER of real estate described in if Debtor does not have a record interest):  aid C. Short  O Short Road  math Falls, OR 97603	_	366 Lega	i Descriptor.		
18.	MISCELLANEOUS: 40630008-OR-35 17888 - PACIFIC CONTINENTAL	Pacific Continental Bank		File with: Klameth, OR	Daum, G. Fred; Klamath Dental Ce	are Inc. 18060