2015-000076

Klamath County, Oregon

01/05/2015 02:37:40 PM

## Fee: \$42.00

## **UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
94955498 - 306770					
Corporation Service Company	•				
801 Adlai Stevenson Drive					
Springfield, IL 62703 File	d In: Oregon (Klamath)				
<b> </b>	(rtiamati)	THE ABOVE SPACE	CE IS FOR	FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2009-000471 01/15/2009		1b. This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add	ESTATE RE	CORDS	•
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected.			f Assignor in	item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respec	t to the security interest(s) of Secu	ured Party a	uthorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.		address: CompleteADD nam	e: Complete		Give record name
This Change affects Debtor or Secured Party of record item  6. CURRENT RECORD INFORMATION: Complete for Party Information Cha			and item 7c	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMEMount McLoughlin Group, LLC		one name (od or ob)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	ation Change - provide	only one name (7a or 7b) (use exact, full na	me; do not omit,	modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c. MAILING ADDRESS	CITY		STATE F	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	DD collateral	DELETE collateral R	ESTATE cov	ered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			ame of Assig	nor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide 9a. ORGANIZATION'S NAMEWashington Federal successor	name of authorizi	-	& Trust		
	. J morgo	15 Count valley Daring			
9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Mount McLou	ıghlin Group	o, LLC - 350-605-4160	47-9		94955498