
2015-001387 Klamath County, Oregon



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A SEPTIMETERIT	

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT	02/18/2015	08:28:16 AM		Fee: \$42.00
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
TRUSTEE SERVICES, INC. PO BOX 2980	7				
SILVERDALE, WA 98383					
1					
L_				FILING OFFICE USE NDMENT is to be filed [fo	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2012-004802 (KLAMATH)		(or recorded) in the	e REAL ESTATE R	ECORDS UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing Statement identified abordstatement	ove is terminated with				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected	7b, <u>and</u> address of A collateral in item 8	ssignee in item 7c <u>and</u>	name of Assignor i	n item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law		the security interest(s	) of Secured Party a	authorizing this Continua	tion Statement is
	·	····		<u> </u>	
AND Check or	ne of these three boxe		ADD name: Complete	e item DELETE name	Give record name
This Change affects Debtor or Secured Party of record item	NGE name and/or add 6a or 6b; <u>and</u> item 7a	or 7b and item 7c	7a or 7b, <u>and</u> item 7c		item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Cha Ga. ORGANIZATION'S NAME</li> </ol>	ange - provide only <u>on</u>	name (6a or 6b)			
JAMES COURT					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide onl	one name (7a or 7b) (use ex	act, full name; do not om	it, modify, or abbreviate any part	t of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	Lavery		1CTATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS 7308 REEDER RD	KLAMA'	TH FALLS	OR_	97603	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: Also	DD collateral	DELETE collateral	RESTATE of	overed collateral	ASSIGN collateral
Indicate collateral:					
•					
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A     If this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT: Pro e name of authorizing	vide only <u>one</u> name (9a Debtor	or 9b) (name of Ass	signor, if this is an Assigna	nent)
9a, ORGANIZATION'S NAME			NODELL		-0
FIRST COMMUNITY CREDIT UNION			NURTH B	END OR 9745 VAL NAME(S)/INITIAL(S)	SUFFIX
ORMEROD	MATTH		J	ANT IAMBETONIAL INCO)	0011120
10. OPTIONAL FILER REFERENCE DATA:	L418520G				