2016-004107

Klamath County, Oregon

04/25/2016 08:37:05 AM 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)	
115026878 - 375680	¬  ♠
Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703 Filed In: C	· . I
Kla	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
2007-010425 09/11/2007	(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is to Statement	minated with respect to the security interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected collate.	
4. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	th respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND Check one of the CHANGE no.	se three boxes to: ne and/or address: Complete and item 7a or 7b and item 7c  ADD name: Complete item DELETE name: Give record name and item 7a or 7b and item 7c
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Change - p</li> <li>Ga. ORGANIZATION'S NAME</li> </ol>	ovide only one name (6a or 6b)
OR 6b. INDIVIDUAL'S SURNAME	F PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cha	ge - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of 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)	SUFFIX
7c. MAILING ADDRESS	STATE POSTAL CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD colla	eral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI	
	MENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
·	MENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) f authorizing Debtor
9a. ORGANIZATION'S NAME1st Security Bank of Washington	
9a. ORGANIZATION'S NAME 1st Security Bank of Washington	
9a. ORGANIZATION'S NAME 1st Security Bank of Washington	f authorizing Debtor