2016-006086

Klamath County, Oregon

06/09/2016 02:42:50 PM

Fee: \$42.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Т		_		
A. NAME & PHONE OF CONTACT AT FILER (optional) Loriann Calles (916) 373-9388]			
B. E-MAIL CONTACT AT FILER (optional)		1			
preferred@apfss.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Г					
DATA RESEARCH, INC.	1				
8130 SW Beaverton-Hillsdale Highway					
Portland, OR 97225	1	į			
L		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1a. Initial financing statement file number 2008-014031		1b. This FINANCING ST (or recorded) in the I Filer. attach Amendme	ATEMENT AME REAL ESTATE F nt Addendum (For	NDMENT is to be filed (for RECORDS m UCC3Ad) <u>and</u> provide Debte	record] or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v	vith respect to the security is	nterest(s) of Sec	ured Party authorizing this	Termination
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected or 	o, <u>and</u> address o ollateral in item	f Assignee in item 7c <u>and</u> no 3	ame of Assignor	in Item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respec	to the security interest(s) o	f Secured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check one CHAN	GE name and/or	address: CompleteADI	D name: Comple		Give record name
This Change affects Debtor or Secured Party of record Item 66. CURRENT RECORD INFORMATION: Complete for Party Information Changes. ORGANIZATION'S NAME			or 76, <u>and</u> item 76	to be deleted in	item 6a or 6b
COLUMBIA FOREST PRODUCTS, INC.					
OR 65. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ion Change - provide	only <u>one</u> name (7a or 7b) (use exact	full name; do not on	nit, modify, or abbreviate any part o	of the Debtor's name)
7a. ORGANIZATION'S NAME Wells Fargo Bank, National Association, As	s Agent				
OR 75. INDIVIDUAL'S SURNAME	rigent				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2450 Colorado Avenue, Suite 3000W	Santa M	lonica	CA	90404	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:) collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI If this is an Amendment authorized by a DEBTOR, check here and provide it if this is an Amendment authorized by a DEBTOR. 	MENDMENT: name of authoriz		9b) (name of As	signor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME					
General Electric Capital Corporation OR SD. INDIVIDUAL'S SURNAME	FIRST PERSO	NAI NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
P. INDIVIDUALS SURVAME	FINGI FERSO	TO STATE	700110	THE THE MELOPHINE (OPEN)	GOFFIA
10. OPTIONAL FILER REFERENCE DATA:	<u></u>				
File W/Klamath County, OR Columbia Forest Produc	ts. Inc.				