

2016-010986

Klamath County, Oregon



00193747201600109860020028

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

10/17/2016 08:59:00 AM

Fee: \$47.00

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@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 17888 - PACIFIC

CT Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

56065143

**OROR  
FIXTURE**

File with: Klamath, OR

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
2009-010422 7/31/2009 CC OR Klamath

1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed (for record)  
(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 terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

Advantage Consolidated, LLC

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one 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

CITY

STATE

POSTAL CODE

COUNTRY

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

Debtor Name and Address:

Advantage Consolidated, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Community Holding Company, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Support Services, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Property Management, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Professional Management, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Equipment Leasing, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Advantage Clinic Properties, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

Pacific Continental Bank

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Advantage Consolidated, LLC

56065143

805 - EUG OUT OF MKT HEALTHCARE

18559 &amp; 18582

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

2009-010422 7/31/2009 CC OR Klamath

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Pacific Continental Bank

OR 12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

Advantage Consolidated, LLC

OR 13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Advantage Dental Group, LLC - 442 S.W. Umatilla, Suite 200, Redmond, OR 97756

Secured Party Name and Address:

Pacific Continental Bank - P.O. Box 10727, Eugene, OR 97440

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

Lots 13, 14, 15 and the West 1/2 of Lot 16 in Block 1, SIXTH STREET ADDITION to the city of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

18. MISCELLANEOUS: 56065143-OR-35 17888 - PACIFIC CONTINENTAL

Pacific Continental Bank

File with: Klamath, OR

805 - EUG OUT OF MKT HEALTHCARE 18559 & 18562