## UCC FINANCING STATEMENT AMENDMENT

\* FOLLOW INSTRUCTIONS

12/19/2016 10:49:25 AM

2016-013471

Klamath County, Oregon

Fee: \$47.00

A. N	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. 8	SEND ACKNOWLEDGMENT TO: (Name and Address) 24538 - BAN	NER BANK -			
	CT Lien Solutions 56867 P.O. Box 29071	295			
	Glendale, CA 91209-9071 OROF	र			
	File with; Klamath, OR		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
1a. II	NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AMENDMENT is to be filed (fo	
200	7-0004226 3/14/2007 CC OR Klamath			lendum (Form UCC3Ad) and provide Debto	
2. [	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated wit	h respect to the security interest(s	) of Secured Party authorizing this Te	mination
3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected of	and address of A collateral in item	ssignee in item 7c <u>and</u> name of A 8	ssignor in item 9	
4. 🛭	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to	the security interest(s) of Secured	Party authorizing this Continuation S	tatement is
5. [	PARTY INFORMATION CHANGE:	-6 th th h	was to:		
	heck one of these two boxes:		address: Complete ADD nan		Give record name
_				and item 7c to be deleted in	tem ba or oo
6. C	URRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	- provide only <u>on</u>	e name (da or ob)		
OR	бы individual's surname Matthews	FIRST PERSON	NAL NAME	ADDITIONAL NAME(SYNITIAL(S)  Nathan	SUFFIX
7. C	HANGED OR ADDED INFORMATION; Complete for Assignment or Party Information C	nange - provide only	one name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of the	e Debtor's name)
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cl 7a. ORGANIZATION'S NAME	nange - provide only	one name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of the	e Debtor's name)
7. C OR		nange - provide only	one name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of the	e Debtor's name)
	7a. ORGANIZATION'S NAME	nange - provide only	one name (7a or 7b) (use exact, full name	do not amit, modify, or abbreviate any part of the	a Debtor's name)
	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	nange - provide only	ong name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of the	a Debtor's name)
OR	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	nange - provide only	ong name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any part of the	
OR 7c.	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS			STATE POSTAL CODE	SUFFIX
OR  7c.    8. [	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS	СПУ		STATE POSTAL CODE	SUFFIX
OR  7a.    8. [  Det Mai Mai Mai	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral: otor Name and Address: tthews. Owen Nathan - 29595 DeMerritt Rd , Malin, OR 97632	CITY D collateral		STATE POSTAL CODE	SUFFIX
OR  7a.1  8. [ Deb Mai Mai Seco Pre	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: AD  Indicate collateral: other Name and Address: tithews, Owen Nathan - 29595 DeMerritt Rd , Malin, OR 97632 tithews, Debra G - 29595 DeMerritt Rd , Malin, OR 97632 cured Party Name and Address: unierWest Bank - 1459 E. McAndrews Rd Bldg. B, Medford, OF	CITY D collateral	DELETE collateral	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
OR  7a.    8.    Det Mari Mari Seco Pre	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral: otor Name and Address: tithews, Owen Nathan - 29595 DeMerritt Rd , Malin, OR 97632 tithews, Debra G - 29595 DeMerritt Rd , Malin, OR 97632 cured Party Name and Address: mierWest Bank - 1459 E. McAndrews Rd Bldg. B, Medford, OF IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN this is an Amendment authorized by a DEBTOR, check here and provide	CITY D collateral	DELETE collateral December 2015	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
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OR  7a.1  8. [ Det Mari Mari Secondary Preserved Secondary No. 1]	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral: otor Name and Address: thews, Owen Nathan - 29595 DeMerritt Rd , Malin, OR 97632 thews, Debra G - 29595 DeMerritt Rd , Malin, OR 97632 cured Party Name and Address: mierWest Bank - 1459 E. McAndrews Rd Bldg. B, Medford, OF IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AND this is an Amendment authorized by a DEBTOR, check here and provide PremierWest Bank  PremierWest Bank	CITY D collateral	DELETE collateral Deleteral Deletera	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
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## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS** 11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a оп Amendment form 2007-0004226 3/14/2007 CC OR Klamath 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME PremierWest Bank OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)INITIAL(S) 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 ornit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 13b. INDIVIDUAL'S SURNAME Owen Nathan Matthews 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: 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):

88-ASSET RECOVERY GROUP 88630

File with: Klamath, OR

18. MISCELLANEOUS: 56867295-OR-35 24538 - 8ANNER BANK - COMMER