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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

64106747

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_Glendaie_Customer_Service@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14413 - UMPQUA BANK -					
Lien Solutions P.O. Box 29071	64106747					
Glendale, CA 91209-9071	OROR					
1	FIXTURE					
File with: Klamath, OR						

2018-005995 Klamath County, Oregon

00222367201800059950020020

05/16/2018 09:15:04 AM

Fee: \$47.00

THE ABOVE SPACE	IS FOR FILING	OFFICE USE ONLY
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1a. INITIAL FINANCING STATEMENT FILE NUMBER 2015-008424 7/29/2015 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 Statement	s terminated wit	h respect to the security intere	st(s) of Secure	d Party authorizing this To	ermination	
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>a</u> For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected or	nd address of A ollateral in item	ssignee in item 7c <u>and</u> name 8	of Assignor in	item 9		
4. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to	the security interest(s) of Sec	ured Party auth	norizing this Continuation	Statement is	
	PARTY INFORMATION CHANGE: heck <u>one</u> of these two boxes: CHAN his Change affects Debtor or Secured Party of record item 6	GE name and/or	address: Complete ADD	name: Comple 7b, <u>and</u> item 7		: Give record name item 6a or 6b	
6. CL	JRRENT RECORD INFORMATION: Complete for Party Information Change - 6a. ORGANIZATION'S NAME	provide only <u>on</u>	e name (6a or 6b)				
OR	66. INDIVIDUAL'S SURNAME Fernlund	FIRST PERSON	IAL NAME	ADDITION Rayn	NAL NAME(SYINITIAL(S)	SUFFIX	
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch 7a. ORGANIZATION'S NAME	ange + provide only	one name (7a or 7b) (use exact, full r	ame; do not omit, i	nodify, or abbreviate any part of t	he Debtor's name)	
OR	7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)					SUFFIX	
7c. l	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
Ferr Sec	COLLATERAL CHANGE: Also check one of these four boxes: ADE Indicate collateral: otor Name and Address: nlund, Carl Raymond - PO BOX 37, Bonanza, OR 97623-0037 ured Party Name and Address: pqua Bank - PO Box 1820, Roseburg, OR 97470		DELETE collateral	RESTATE	covered collateral	ASSIGN collateral	
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME this is an Amendment authorized by a DEBTOR, check here and provide to the analysis of the amendment authorized by a DEBTOR, check here and provide to the analysis of the amendment authorized by a DEBTOR, check here and provide to the analysis of the amendment authorized by a DEBTOR, check here and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are and provide to the analysis of the amendment authorized by a DEBTOR, check here are analysis of the amendment authorized by a DEBTOR, check here are a provide to the amendment authorized by a DEBTOR, check here are a provide to the amendment authorized by a DEBTOR, check here are a provide to the amendment authorized by a DEBTOR.	ENDMENT: P		b) (name of Ass	signor, if this is an Assignm	nent)	
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	VAL NAME(S)INITIAL(S)	SUFFIX	
10.0	PTIONAL FILER REFERENCE DATA: Debtor Name: Fernlund, Carl	Raymond		1			

_	CC FINANCING STATEMENT AMENDMENT A LOW INSTRUCTIONS	ADDEND	JM				
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend 15-008424 7/29/2015 CC OR Klamath	ment form					
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Art	nendment form					
	12a. ORGANIZATION'S NAME						
	Umpqua Bank						
Λ.							
OR	12b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME		:				
	ADDITIONAL NAME(SYINITIAL(S)	s	UFFIX				
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of	record required	for indexing	purposes only in som	SPACE IS FOR FILING OFFIC ne filing offices - see Instructio		only
	one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab	breviate any pa	rt of the Debt	or's name); see Instr	uctions if name does not fit	<u> </u>	_
	13a, ÖRGANIZATION'S NAME						
OR	13b. INDMIDUAL'S SURNAME Fernlund	FIRST PERSON Carl	AL NAME		ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX	
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):						_
15.	This FINANCING STATEMENT AMENDMENT:	-	17. Descript	ion of real estate:			
	Name and address of a RECORD OWNER of real estate described in item 17	s a fixture filing		Buesing Ro R99967 and	oad, Klamath Fa	ills, OR 976	30
	(if Debtor does not have a record interest): .		ru IV. I	Cooor and			
_	MICCELLANICOLIO, 64106747.OD.35 144413 - HMPONIA BANK - COMMED HITTORY		<u> </u>	File with: Klamath OR			