UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com

2020-008855 Klamath County, Oregon

07/20/2020 11:36:58 AM

Fee: \$87.00

C. SEND ACKNOWLEDGMENT TO: (Name and Add	^{Iress)} 14413 - UMPQU	JA BANK -					
Lien Solutions	759500	83					
P.O. Box 29071		55					
Glendale, CA 91209-9071	OROR						
1		1					
File with: Klamath, OF	₹		THE ABOVE S	PACE IS FO	OR FILING OFFICE	F USF C	DNLY
a. INITIAL FINANCING STATEMENT FILE NUMBER	•]1b. [This FINANCING STA				
/L-M05 PG-55326 7/19/2005 CC OR Kia	amath	-	 (or recorded) in the R Filer: <u>attach</u> Amendment 			Debtor's n	ame in item 13
 TERMINATION: Effectiveness of the Financing Sta Statement 	tement identified above is te	rminated with respe	ct to the security interes	st(s) of Secure	ed Party authorizing th	nis Termir	nation
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and			e in item 7c <u>and</u> name c	of Assignor in	item 9	•	
I. CONTINUATION: Effectiveness of the Financing Si continued for the additional period provided by appl		th respect to the sec	curity interest(s) of Secu	red Party aut	horizing this Continual	tion State	ment is
5. PARTY INFORMATION CHANGE:							
Check one of these two boxes:	AND Check one of the CHANGE	hese three boxes to: name and/or address	: Complete ADD	name: Comple	ste item DELETE n	ame: Giv	e record name
This Change affects Debtor or Secured Party of r	ecorditem 6a or	6b; <u>and</u> item 7a or 7l	and item 7c 7a or	7b, <u>and</u> item 7	c to be delet		
6. CURRENT RECORD INFORMATION: Complete for Pa 6a. ORGANIZATION'S NAME	rty Information Change - pro	vide only <u>one</u> name	(6a or 6b)		·····		
NICOLA J. CHERRY, MD, LLC							
OR 65. INDIVIDUAL'S SURNAME		RST PERSONAL NAM		ADDITIO	NAL NAME(SYINITIAL(S)	. [:	SUFFIX
					· · · · · · · · · · · · · · · · · · ·		
7. CHANGED OR ADDED INFORMATION: Complete for Assi	ignment or Party Information Change	- provide only one nan	ie (7a or 7b) (use exact, full na	me; do not omit,	modify, or abbreviate any pa	rt of the Det	otor's name)
7a. ORGANIZATION'S NAME							
20							
7b. INDIVIDUAL'S SURNAME	· ·		<u>-</u>				
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						Т.	OLIFEIN.
INDIVIDUAL S ADDITIONAL NAME(S) INT TALE(S)						ľ	SUFFIX
7c. MAILING ADDRESS	10	ITY		STATE	POSTAL CODE		COUNTRY
COLLATERAL CHANGE: Also check one of the	ese four boxes: ADD co	leratell	ELETE collateral	RESTATE	covered collateral	Δςς	IGN collatera
Indicate collateral:	sac loal coxes. MADD co	nateralD	LETE CONSIDERS	JINESTATE	covered consters.	^	IGIN WHATEIA
Debtor Name and Address:							
NICOLA J. CHERRY, MD, LLC - 2301 MOUNT.	AIN VIEW BLVD , KLA	MATH FALLS, (OR 97601				
Secured Party Name and Address:							
JMPQUA BANK - PO BOX 2131 , SPOKANE, ¹	WA 99210						
NAME OF SECURED PARTY OF RECORD AU	THORIZING THIS AMENE	MENT: Provide o	nly <u>one</u> name (9a or 9b)) (name of Ass	ignor, if this is an Assi	gnment)	
If this is an Amendment authorized by a DEBTOR, check	_	e of authorizing Deb					
9a. ORGANIZATION'S NAME UMPQUA BANK							
DR 9b. INDIVIDUAL'S SURNAME		RST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	13	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: NICOLA J. CHERRY, MD, LLC

75950083

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	C FINANCING STATEMENT AMEND LOW INSTRUCTIONS	MENI ADDEN	IDUM			
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item	1a on Amendment form		1		
VL-	M05 PG-55326 7/19/2005 CC OR Klamath					
12,	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	item 9 on Amendment fe	orm			
	12a. ORGANIZATION'S NAME UMPQUA BANK					
	OWINGOA BANK			1		
OR	12b. INDIVIDUAL'S SURNAME			1		
	FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·				
	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	-		
				THE ABOVE S	PACE IS FOR FILING OFFICE US	E ONLY
13. 1	Name of DEBTOR on related financing statement (Name of a curr	rent Debtor of record requ	uired for indexing	purposes only in son	ne filing offices - see Instruction item	
	one Debtor name (13a or 13b) (use exact, full name; do not omit,	modify, or abbreviate an	y part of the Deb	tor's name); see instr	uctions if name does not lit	
	13a. ORGANIZATION'S NAME NICOLA J. CHERRY, MD, LLC					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PER	RSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
14. /	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				<u> </u>	
					-	
15 1	THE EMISSIONS STATESIES AND SHEET		47 Barrie		· · · · · · · · · · · · · · · · · · ·	
15. 1	This FINANCING STATEMENT AMENDMENT:			tion of real estate:		
40.1	covers timber to be cut covers as-extracted collateral	is filed as a fixture fi	ling			
	lame and address of a RECORD OWNER of real estate describe f Debtor does not have a record interest):	d in item 17				
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18. N	MISCELLANEOUS; 75950083-OR-35 14413 - UMPQUA BANK - COMM	IER UMPQUA BANK		File with: Klamath, OR		