2020-015728

Klamath County, Oregon

12/03/2020 09:42:01 AM

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UC	C FINANCING STATEMENT AMENDMEN	Ţ		,		•
A. N	LOW INSTRUCTIONS AME & PHONE OF CONTACT AT FILER (optional)		1			
Pe	oples Bank of Commerce 541-774-7667	·	_			
В. Е	MAIL CONTACT AT FILER (optional)					
C. S	END ACKNOWLEDGMENT TO: (Name and Address)		1			
	Peoples Bank of Commerce		,			
	PO Box 1730	·				
	Medford OR 97501				,	
_			THE ABOVE	SPACE IS FOR	FILING OFFICE USE	ONLY_
1a. 20	INITIAL FINANCING STATEMENT FILE NUMBER 16-011093	ľ			DMENT is to be filed [for n	
2.	TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated			UCC3Ad) and provide Deb	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b.	and address of	Assignee in Item 7c and name	of Assigner in item 9	y autonzing this Termin	auon Statement.
4.	CONTINUATION: Effectiveness of the Financing Statement Identified abo	nateral in item e			n the Continue of a	Marilla analysis de
5.	the additional period provided by applicable law PARTY INFORMATION CHANGE:	ore mai respon	to the ascenty interest(s) of Se	corec Pany authoriza	TO THE CONTINUE OF SCALE	ment is continued for
	Check one of these two boxes AND Check one of these three boxes to: This Charge affects Deblor or Secured Party of Record Liftem 6a or 6b; and flow 7a or 7b and flow 7c CURRENT RECORD INFORMATION: Complete for Party Information Change — provide only one name (6a or 6b)					
e						
	6a. ORGANIZATION'S NAME	ge – provide on	ly one name (6a or 6b)			
OR	6b. INDIVIDUAL'S SURNAME	Trinov ene				<u> </u>
•.,	Sullivan	Micha	SONAL NAME	E	AL NAME(S)/INITIAL(S)	SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME	ation Change - pro	vide only <u>one</u> name (7a or 7b) (use e	xact, full name; do not or	it, modify, or abbreviate any pa	and of the Dektor's name)
	THE OTHER HOUSE (MAKE)					
OR	7b. INDIVIDUAL'S SURNAME		`.			
	INDIVIDUAL'S FIRST PERSONAL NAME					
	<u> </u>					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				-	
7c.	MAILING ADDRESS	СПУ	<u> </u>	STATE	POSTAL CODE	COUNTRY
_						<u> </u>
а,	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collatoral	DELETE collateral	RESTATE ∞	vered collateral 🔲	ASSIGN codateral
<u> </u>	<u> </u>				-	
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT; P	rovide only one	name (9a or 9b) (name of Assi Izing DEBTOR	gnor, if this is an Ass	gnment)	
	98. ORGANIZATION'S NAME People's Bank of Commerce					· ,
OR	96. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITION	AL NAME(S)//NITIAL(S)	SUFFIX
				_	TITITIO WAS D	
10.	OPTIONAL FILER REFERENCE DATA:			REÇQ	RD THIS INS	TRUMENT AS
404	FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMEN	IT (FORM UC	C3) (Rev. 06/13)	AN AC	COMMODATION EXAMINED FOR	N. IT HAS NOT
	,	,		GH IT	8 EFFECT UPO	IN THE TITLE.
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