

2022-014482

Klamath County, Oregon

12/22/2022 08:49:01 AM

Fee: \$82.00

	FINANCING STATEMENT AMENDA	MENT			
A, NAN	ME & PHONE OF CONTACT AT FILER (optional) Stianne Steele				
chri	AIL CONTACT AT FILER (optional) stianne.steele@peoplesbank.b	ank			
	ID ACKNOWLEDGMENT TO: (Name and Address)	_		4.	
	'eople's Bank of Commerce 528 Biddle Rd	1			
	Medford, OR 97504				
				# I	
L	-	THE	BOVE SPACE IS FOR	FILING OFFICE US	ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 2-013060	1b. This FINAl in the RE	NCING STATEMENT AMENI LESTATE RECORDS Amendment Addendum (Form	DMENT is to be filed (fo	record] (or recorded)
2. [TERMINATION: Effectiveness of the Financing Statement ident	ified above is terminated with respect to the secu	nty interest(s) of Secured Pa	rry authorizing this Tern	ination Statement.
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate af		name of Assignor in Item 9	The state of the s	
4. [CONTINUATION: Effectiveness of the Financing Statement idea the additional period provided by applicable law	ntified above with respect to the security interest(s) of Secured Party authorizing	ng this Continuation Sta	tement is continued for
	ARTY INFORMATION CHANGE:	Check one of these three boxes to:		•	
	theck one of these two boxes AND his Change affects Debtor or Secured Party of Record	CHANGE name and/or address. Complete tem 6a or 6b; and item 7a or 7b and item 7c	ADD name: Complete 7a or 7b, and item 7c		me: Give record name d in item 6a or 6b
6 (CURRENT RECORD INFORMATION: Complete for Party Informa	المراجع والمستوان والكاست المناب والمتابع والمتا			
	a. ORGANIZATION'S NAME EVER CLEAN SOFTCLOTH CA	ARWASH LLC	-		
OR 6	b, INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)INITIAL(S	SUFFIX
_	CHANGED OR ADDED INFORMATION: Complete or Assignment or a. ORGANIZATION'S NAME	Party Information Change – provide only 95g name (7a or	7b) (use exact, full name; do not or	net, modery, or abbreviate any	part of the Debtor's name)
E	EVERCLEAN SOFTCLOTH CA	RWASH, LLC			and a substitution of the
OR T	b. INDIVIDUAL'S SURNAME			-	
_	INDIVIDUAL'S FIRST PERSONAL NAME			The Themselve control mesons of the	A COLUMN TO A STATE OF THE PROPERTY OF THE PRO
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			ogs op sopposes	
70	MAILING ADDRESS	ICITY	STATE	POSTAL CODE	COUNTRY
	BOX 5658	CENTRAL POI		97502	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes	ADD collateral DELETE coll	ateral RESTATE or	overed collateral	ASSIGN collateral
,	Indicate collateral:				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME		e of Assignor, if this is an As	signment)	
-	9a. ORGANIZATION'S NAME	nd provide name of authorizing DEBTOR	and the second s	The time of time of the time of time of the time of time o	
ĮI	PEOPLE'S BANK OF COMME! BL. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADOUTION	IAL NAME(S)/INITIAL(S	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: