

2022-014482

Klamath County, Oregon

12/22/2022 08:49:01 AM

Fee: \$82.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
A, NAME & PHONE OF CONTACT AT FILER (optional) Christianne Steele			
B. E-MAIL CONTACT AT FILER (optional) christianne.steele@peoplesbank.bank c. SEND ACKNOWLEDGMENT TO: (Name and Address)			
People's Bank of Commerce 1528 Biddle Rd Medford, OR 97504			
	THE ABOVE SPAC	E IS FOR FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2022-013060	1b. This FINANCING STATEM	ENT AMENDMENT is to be filed [for rec	ord] (or recorded)
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to the security interest(s) of	Secured Party authorizing this Terminat	ion Statement.
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, at For partial assignment, complete items 7 and 9 and also indicate affected collai		nor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law		rty authorizing this Continuation Statema	ant is continued for
5. PARTY INFORMATION CHANGE:			
	of these three boxes to: Ename and/or address: Complete ADD name	: Complete item DELETE name:	Give record name
	6b: and item 7a or 7b and item 7c 7a or 7b, a	nd item 7c Lo be deleted in	
6a. ORGANIZATION'S NAME	The state of the s	yyuutallavaatiisi is sara - a babta maalalamassa sara - sara - a babta maalalamassa sara - sa	
EVER CLEAN SOFTCLOTH CARWA	ASTILLU Trirst personal name	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change – provide only gag name (7a or 7b) (use exact, full name: do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME EVERCLEAN SOFTCLOTH CARWASH, LLC			
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME	The state of the s		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		omegana, anali i iyi ziriri inga surangganana inamin bakati ili kultimi iziri. I	
7c. MAILING ADDRESS PO BOX 5658	CENTRAL POINT	OR 97502	USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	DD collateral DELETE collateral I	RESTATE covered collateral A	SSIGN collateral
Indicaté collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Pr	-	this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR 9a. ORGANIZATION'S NAME			
PEOPLE'S BANK OF COMMERCE			And the second s
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: