2025-004711

Klamath County, Oregon

06/18/2025 08:07:02 AM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT

FOL	LLOW INSTRUCTIONS				
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) SC 1-800-858-5294		1		
В.	E-MAIL CONTACT AT SUBMITTER (optional)		1		
SI	PRFiling@cscglobal.com				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
		iled In: OR math County	THE ABOVE SPA	CE IS FOR FILING OFFICE USE C	ONI Y
	INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEME	ENT AMENDMENT is to be filed [for recor STATE RECORDS. Filer: attach Amendm	d]
2.	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with resp	, ,=:		tion Statement
3.	ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9; check ASSIGN Collateral box				
4.	CONTINUATION: Effectiveness of the Financing Statement identified abo	ove with respect to the s	ecurity interest(s) of Secured Party	authorizing this Continuation Statement is	s continued for the
5.	PARTY INFORMATION CHANGE:				
C	JIECK ONE OF THESE TWO DOXES.	k <u>one</u> of these three bo		0 11 "	0.
	his Change affects Debtor or Secured Party of record lite	HANGE name and/or a em 6a or 6b; <u>and</u> item 7	′a or 7b <u>and</u> item 7c7a or 7b,	ne: Complete itemDELETE name: e and item 7cto be deleted in it	Give record name em 6a or 6b
6. (CURRENT RECORD INFORMATION: Complete for Party Information Ch. [6a. ORGANIZATION'S NAME]	ange - provide only <u>one</u>	e name (6a or 6b)		
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Arvidson	Walter	AL NAME	L	COLLIX
7. (I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	l nation Change - provide only	one name (7a or 7b) (use exact, full name; d		otor's name)
	7a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
0.0					
OR	7b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	INDIVIDUAL 3 ADDITIONAL NAIVIL(3)/INTITAL(3)				JOFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	SSIGN* collateral
0.	- /— —	, ,		ord is limited to certain collateral and describe the co	
Da					
	rfection: PMSI - In Fixture. All So d all of its components installed a				
	3909-007CA-10200-000 Alt Parcel: R5				
	601 Abbr Legal Desc: Lenox, Block 4				
	emplete Legal Descr refer to Sale In				
	te: 10/20/2014	scramone #2	10047 Gale	Date. 10/14/2014 No	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Dec.	idb (0 0b) (
	f this is an Amendment authorized by a DEBTOR, check here and provide			e of Assignor, if this is an Assignment)	
	9a. ORGANIZATION'S NAME Community 1st Credit	Union			
OB					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Walter L Arvid	son (Debto	r)	1	1
				2645	301

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS			
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame $20-01093\ 08/31/2020$	endment form		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	Amendment form		
	12a.ORGANIZATION'S NAME Community 1st Credit Union			
	oommanrey roc or dare on on			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
			THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbrevia			rovide only
	13a. ORGANIZATION'S NAME			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Co	llateral) OR OT	HER INFORMATION (Please Describe)	

18. MISCELLANEOUS: