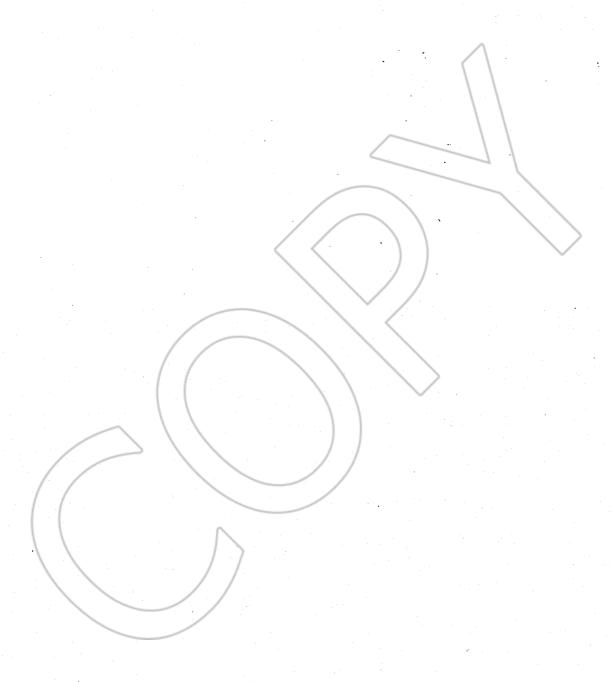
	•			•
UCC FINANCING STATEMENT AMEN	DMENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	DIVICIAL			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
UCC Filing Desk - (503) 443-1822				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
US Corporate Services	.		\wedge	
·				
12750 SW Pacific Highway, Suite 20	1			
Tigged OB 07222			\ \	
Tigard, OR 97223			\ \	
LP36773KS		THE ABOVE SDAC	E IS FOR FILING OFFIC	ELISE ONLY
1a. INITIAL FINANCING STATEMENT FILE #			b. This FINANCING STAT	EMENT AMENDMENT is
369467 BK0895,PG5174	08/30/1995		to be filed [for record] (
2. X TERMINATION: Effectiveness of the Financing Statement iden	ntified above is terminated with respect t	security interest(s) of the Sec	cured Party authorizing this T	ermination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement	identified above with respect to securit	interest(s) of the Secured Pa	arty authorizing this Continu	ation Statement is
continued for the additional period provided by applicable law.				
ASSIGNMENT (full or partial): Give name of assignee in item				
 AMENDMENT (PARTY INFORMATION): This Amendment a Also check one of the following three boxes and provide appropriate in 		ty of record. Check only one	of these two boxes.	
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if ad		ΓE name: Give record name leleted in item 6a or 6b.	ADD name: Complete	e item 7a or 7b, and also e items 7d-7g (if applicabl
6. CURRENT RECORD INFORMATION:	dress change) in item 7c.	releted in item ba or bb.	tem 7c; also complete	a items 70-7g (ii applicabi
6a. ORGANIZATION'S NAME	US DUE TOUGT DATES	5 4 00		
ELTON, ROGER H., TRUSTEE OF T				
Gb. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
		//		
7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
		1 1		
c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGAN ORGANIZATION	IZATION 7f. JURISDICTION OF	ORGANIZATION	g. ORGANIZATIONAL ID #	
DEBTOR				NOI
B. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire res		e collateral assigned.		
Describe collateraldeleted oradded, or give entireres	tated collateral description, or describ	e collateralassigned.		
	/ /			
D. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	G THIS AMENDMENT (name of ass	onor if this is an Assignment	If this is an Amendment and	horized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Terminati				
9a. ORGANIZATION'S NAME				
U.S. BANK NATIONAL ASSOCIATION				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

10. OPTIONAL FILER REFERENCE DATA

7323855462

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REQUESTED BY

U.S. Corperate Serving S

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