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REQUESTED BY
US Corporate Serv
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, OR

2004 JUN 29 PM 2:57

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
UCC Filing Desk - (503) 443-1822

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

US Corporate Services

12750 SW Pacific Highway, Suite 201

Tigard, OR 97223

P127306KS

WERNER CHRISTEN
RECORDER

S. 2000 PAID *RE* DEPUTY

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **0480985 BK 1199 PG 3011** 11/16/99

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
U.S. BANK NATIONAL ASSOCIATION

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME
U.S. BANK NATIONAL ASSOCIATION

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

7c. MAILING ADDRESS
555 SW OAK ST PD-OR-P7LD

| | | | |
|-------------------------|--------------------|-----------------------------|-----------------------|
| CITY PORTLAND | STATE OR | POSTAL CODE 97204 | COUNTRY USA |
|-------------------------|--------------------|-----------------------------|-----------------------|

| | | | | | |
|--------------|------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|
| 7d. TAX ID # | SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any |
| | | | | | <input type="checkbox"/> NONE |

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
U.S. BANK NATIONAL ASSOCIATION

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

10. OPTIONAL FILER REFERENCE DATA
71-6517271719/WALTER P STRYCKER

0617465

BK0604PG14394

UCC FINANCING STATEMENT AMENDMENT

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 Tigard, OR 97223

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U.S. BANK NATIONAL ASSOCIATION

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

555 SW OAK ST PD-OR-P7LD PORTLAND OR 97204 USA

| | | | | | | |
|---------------|------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 7d. TAX ID #: | SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |
|---------------|------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|

8. AMENDMENT (COLLATERAL CHANGE); check only one box.
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|----------------------------|------------|-------------|--------|

10. OPTIONAL FILER REFERENCE DATA
71-6517271719/WALTER P STRYCKER

0617465

BK 0604 PG 14395