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UCC FINANCING STATEMENT AMENDME	NT	2004 JUN 29 PM 2: 57					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			Himthu	renes and a mark market	·		
A NAME & PHONE OF CONTACT AT FILER [optional]  UCC Filling Desk - (503) 443-1822			WENT R	ER CHRISTEN ECORDER			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)							
	]	s.C	XUPA:	BR DEPU	TY		
US Corporate Services	'			\ \			
12750 SW Pacific Highway, Suite 201			_	_\	\		
Tigard, OR 97223			The same of the sa		\		
-P127306 KS		THE ABOVE SPA		R FILING OFFICE USE			
1a. INITIAL FINANCING STATEMENT FILE # 0480985 BK 1199 PG 3011	11/16/99		to be	FINANCING STATEMEN  filed [for record] (or record)			
TERMINATION: Effectiveness of the Financing Statement identified above		curity interest(s) of the 5		L ESTATE RECORDS y authorizing this Terminat	ion Statement.		
3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to security in	erest(s) of the Secured	Party autho	rizing this Continuation St	atement is		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignmen in item 7s	and also give name of	secianor in il	tem 9			
	Debtor or X Secured Party o						
Also check one of the following three boxes and provide appropriate information in	n items 6 and/or 7.		/				
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE r ge) in item 7c. De dele	iame: Give record name ted in item 6a or 6b.	ADI iten	O name: Complete item 7a n 7c; also complete items :	a or 7b, and also 7d-7g (if applicable).		
CURRENT RECORD INFORMATION:     [6a, ORGANIZATION'S NAME]							
U.S. BANK NATIONAL ASSOCIATION	1						
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	1	MIDDLE N	IAME	SUFFIX		
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7. CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME]	<del></del>		_\_				
U.S. BANK NATIONAL ASSOCIATION	/ /	1	_ >				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	\	MIDDLE N	NAME	SUFFIX		
	\	<u> </u>			LOQUITOU -		
75. MAILING ADDRESS 555 SW OAK ST PD-OR-P7LD	PORTLAND		1	97204	USA		
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF OR	GANIZATION		NIZATIONAL ID #, if any			
ORGANIZATION DEBTOR	/	/_			NONE		
8. AMENDMENT (COLLATERAL CHANGE); check only one box.		/ _					
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe co	llateral assigned.					
		<u> </u>					
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS Al adds collateral or adds the authorizing Debtor, or if this is a Termination authorize</li> </ol>					by a Debtor which		
9a. ORGANIZATION'S NAME							
U.S. BANK NATIONAL ASSOCIATION							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX		
10. OPTIONAL FILER REFERENCE DATA							
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UCC FINANCING STATEMENT AMENDME	NT			Λ	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	I MI				
A. NAME & PHONE OF CONTACT AT FILER [optional]	· · · · · · · · · · · · · · · · · · ·			\ \	
UCC Filing Desk - (503) 443-1822  B. SEND ACKNOWLEDGMENT TO: (Name and Address)	-11-			\ \	
D. SENS NONTOWEED GIVEN 10. (Name and Address)	_			\ \	
US Corporate Services	l l			\ \	
40750 CM Danifa Highway Cuita 204			-	\	\
12750 SW Pacific Highway, Suite 201					\
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LP12730618		HE ABOVE SPA	CE IS FOR	R FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 0480985 BK 1199 PG 3011	11/16/99		to be	FINANCING STATEME filed [for record] (or rec L ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above			ecured Part	y authorizing this Termin	
3. X CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bove with respect to security interes	l(s) of the Secured F	Party author	rizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignce in item 7a or 7b ar	nd address of assignee in item 7c; and	I also give name of a	ssignor in it	tem 9.	
<b>—</b>	Debtor or Secured Party of rec	ord. Check only one	of these tv	vo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new <u>address</u> (if address change)	The state of the s	Give record name		Diname: Complete item n 7c; also complete item	7a or 7b, and also
<ul> <li>name (if name change) in item 7a or 7b and/or new address (if address chan</li> <li>CURRENT RECORD INFORMATION:</li> </ul>	ge) in item 7c, L to be deleted in	item 6a or 6b.	item	7c; also complete item	s 7d-7g (if applicable
63. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION					
OR 56. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME]			1		
U.S. BANK NATIONAL ASSOCIATION	/ /		>		
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAMÉ	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   7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGAN	IZATION	7g. ORGA	NIZATIONAL ID #, if an	ў
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D. NAME OF SECURED PARTY OF DECORD AUTHORIZING THE A	MENDAGAT		) [6h: :		
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adds collateral or adds the authorizing Debtor, or if this is a Termination authoriz  9a. ORGANIZATION'S NAME  U.S. BANK NATIONAL ASSOCIATION	ed by a Debtor, check here and o		OR author	izing this Amendment.	

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