



567663-2\_5734459

Lien#: 567663-2

UCC

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>CSC 1-800-858-5294  |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>60989823 - 311430<br><br>CORPORATION SERVICE COMPANY<br>285 LIBERTY ST NE SUITE 370<br>SALEM, OR 97301 |  |
| Filed In: Oregon (S.O.S.)   |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>567663 10/12/2001   |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |  |
| 2. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |  |  |
| 6. CURRENT RECORD INFORMATION:  |                                   |  |  |
| 6a. ORGANIZATION'S NAME BARDY TROPHY CO   |                                   |  |  |
| OR  | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME   | MIDDLE NAME SUFFIX                     |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  |                                   |  |  |
| 7a. ORGANIZATION'S NAME BARDY TROPHY CO   |                                   |  |  |
| OR  | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME   | MIDDLE NAME SUFFIX                     |
| 7c. MAILING ADDRESS 2500 NE MARTIN LUTHER KING JR. BLVD   |                                   | CITY PORTLAND  | STATE OR POSTAL CODE 97212 COUNTRY USA |
| 7d. SEE INSTRUCTIONS  | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION Corp.   | 7f. JURISDICTION OF ORGANIZATION OR    |
| 7g. ORGANIZATIONAL ID #, if any 067994-15   |                                   |  | <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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |                            |            |                    |
| 9a. ORGANIZATION'S NAME Albina Community Bank   |                            |            |                    |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |

10. OPTIONAL FILER REFERENCE DATA Debtor: BARDY TROPHY CO

60989823