

State of Washington

REORDER FROM
Registrar, Inc.
514 PLEACE ST.
P.O. BOX 912
ANOKA, MN 55303
(612) 421-1713

PLEASE TYPE FORM - IF AN ERROR IS MADE, CORRECT ALL COPIES

This UCC-3 CHANGE STATEMENT is presented for filing pursuant to the Washington Uniform Commercial Code, chapter 62A.9, Crop Lien filings, chapter 60.11 and Processor and Preparer Liens chapter 60.13 RCW

1. DEBTOR(S) (see instruction #2)
 PERSONAL (last, first, middle name and address)
 BUSINESS (legal business name and address)
Debtor 1
SSN: _____
FEIN: 222-67-3372
Debtor 2
SSN: _____
FEIN: _____

Cavenham Forest Industries, Inc.
1500 S.W. 1st Avenue
Portland, OR 97201

TRADE NAME, DBA, AKA:

2. FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

Registered _____
Indexed, Dir _____
Indirect _____
Filmed 7/1/91
Mailed _____

FILED FOR RECORD
SKAMANIA CO WASH
BY The Travelers

JUN 25 10 25 AM '91
To Mayfield, Sep,

2405A

3. SECURED PARTY(IES) (name and address)

The Travelers Insurance Company
4 Orinda Way, Suite 200A
Orinda, CA 94563

Loan No. 502303

4. ASSIGNEE(S) OF SECURED PARTY(IES) if applicable (name and address)

INSTRUMENT NO. 2405A
FILED BY Travelers Ins. Co
AT 10:25 AM June 25, 1991
P. Lowry
DEPUTY COUNTY AUDITOR
SKAMANIA COUNTY, WASH.

5. This change statement effects the original filing statement recorded with the Department of Licensing. List one number and date only.
Original filing number 2420-72-5-25-200 (Skamania Cty., WA) Dated 8/19/86

6. FEES - A \$7.00 filing fee is required for each action checked in box 7, except termination which requires no fee. If additional sheets are attached for any of the actions, the filing fee for each action shall be \$14.00.
NUMBER OF ADDITIONAL SHEET(S) ATTACHED: _____

7. Please check one or more of the following actions:

- CONTINUATION. The original financing statement between the Debtor(s) and Secured Party(ies), bearing file number shown in box 5, is still effective.
 FULL ASSIGNMENT. All of the Secured Party's rights under the financing statement bearing file number shown in box 5 have been assigned to the Assignee(s) whose name(s) and address(es) appear in box 4.
 PARTIAL ASSIGNMENT. The Secured Party's rights under the financing statement bearing file number shown in box 5, to the property described in box 8, have been assigned to the Assignee(s) whose name(s) and address(es) appear in box 4.
 AMENDMENT. Financing statement bearing file number shown in box 5 is amended as set forth in box 8.
 PARTIAL RELEASE. Secured Party releases the collateral described in box 8 from the financing statement bearing file number shown in box 5.
 TERMINATION. Secured Party(ies) no longer claims a security interest under the financing statement bearing file number shown in box 5.

8. DESCRIPTION OF partial assignment, amendment or partial release. (Attach additional 8 1/2" x 11" sheet(s) if needed)

The Travelers Insurance Company
One Tower Square - 28P
Hartford, CT 06183-2021
Attn: Investment Administration

9. DEBTOR NAME(S) AND SIGNATURE(S)

TYPE NAME(S) OF DEBTOR(S) AS IT APPEARS IN BOX 1

SIGNATURE(S) OF DEBTOR(S)

SIGNATURE(S) OF DEBTOR(S)

11. RETURN ACKNOWLEDGMENT COPY TO:

The Travelers Insurance Company
One Tower Square - 28P
Hartford, CT 06183-2021
Attn: Katherine Lynch
(203)277-4135

10. SECURED PARTY NAME(S) AND SIGNATURE(S)

The Travelers Insurance Company
TYPE NAME(S) OF SECURED PARTY(IES) AS IT APPEARS IN BOX 3 OR 4

SIGNATURE(S) OF SECURED PARTY(IES)

SIGNATURE(S) OF SECURED PARTY(IES)

12. FILE WITH:

UNIFORM COMMERCIAL CODE
DEPARTMENT OF LICENSING
P.O. BOX 9660
OLYMPIA, WA 98504-8007

MAKE CHECKS PAYABLE TO THE
DEPARTMENT OF LICENSING

13. FOR OFFICE USE ONLY:

Images To
Be Filmed

FORM APPROVED FOR USE IN THE
STATE OF WASHINGTON (R/10.89)

COPY 1 - FILING OFFICER

WASHINGTON UCC-3