

PLEASE TYPE FORM
This CHANGE STATEMENT is presented for filing pursuant to the WASHINGTON UNIFORM COMMERCIAL CODE

LEASE The terms debtor and secured party are to be construed as LESSEE and LESSOR

CONSIGNMENT The terms debtor and secured party are to be construed as CONSIGNEE and CONSIGNOR

1 DEBTOR(S) (or assignor(s))
(last name first, and address(es))

WOODFALL, Philip A.B. Jr.,
Judith A.
M.P. O.451, Archer Mt. Rd.
Skamania, Washington 98648

TRADE NAME
(if any)

3 SECURED PARTY(IES) (or assignee(s)) (name and address)

First State Bank of Oregon
Beaverton Branch
P.O. Box 707
Beaverton, OR 97005

2 FOR OFFICE USE ONLY

INSTRUMENT NO 2259 INSTRUMENT NO
FILED BY 1ST IND. PENDENT BANK FILED BY
AT 12:05 P M JULY 30, 1987 AT
SAC. DEP. DEPUTY COUNTY AT
SKAMANIA COUNTY

4 ASSIGNEE(S) OF SECURED PARTIES
(if applicable)
(last name first, and address(es))

1682

Dated

7-21-77

5 This statement refers to original FINANCING STATEMENT number

CONTINUATION The original financing statement between the foregoing Debtor(s) and Secured Party(ies), bearing file number shown above is still effective

FULL ASSIGNMENT All of the Secured Party's rights under the financing statement bearing file number shown above have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(E) APPEAR ABOVE

PARTIAL ASSIGNMENT The Secured Party's rights under the financing statement bearing file number shown above to the property DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(E) APPEAR ABOVE

AMENDMENT Financing statement bearing file number shown above is amended AS SET FORTH BELOW

PARTIAL RELEASE Secured Party(ies) releases the collateral DESCRIBED BELOW from the financing statement bearing file number shown above

TERMINATION Secured Party(ies) no longer claims a security interest under the financing statement bearing file number shown above

DESCRIPTION

8 NUMBER OF ADDITIONAL SHEETS ATTACHED

9

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

First State Bank of Oregon, now known as
BY: *W.H. Smith* KEY BANK OF OREGON

(TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s)) AVP

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))
(Required if amendment)

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

10 RETURN ACKNOWLEDGMENT COPY TO

FILE WITH

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

OR

IF FIXTURE FILING
COUNTY AUDITOR OF COUNTY WHERE
ORIGINAL FILING WAS MADE

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Be Filmed

FORM APPROVED FOR USE IN THE
STATE OF WASHINGTON