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١.	NAME & PHONE OF CONTACT AT FILER [optional]		(FXIII	ory
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	INITIAL FINALICING STATÉMENT FILE # 32547 8/14/98		1b This FINANCING	STATEMENT AMENDMENT is cord) (or recorded) in the
L	TERMINATION: Effectiveness of the Financing Statement identified above	is to, ninated with respect to securit	REAL ESTATE is referred Party authorizing	ECORDS. this Termination Statement.
L	CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect to security interest	(s) of the Secured Party authorizing this Co	ntinuation Statement is
	ASSIGNMENT (full or partial) Give name of assignee in item 7a or 7b and	address of assigned in tem 70 and	also single and analysis it is a	
	MENDMENT (PARTY IN-CRMATION: This Amendment affects D	ebtor or Secured Party of reco	also give name of assignor in item 9.	
/	iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in T CHANGE name and/or address: Please refer to the detailed instructions	dems 6 and/or 7		
Ļ	in regards to changing the name/address of a party.	DELETE name: Give record to be deleted in item galor 6b	name ADD name: Compte also complete items	eitem 7a or 7b, and also item 7c; 7e-7g (if applicable)
	CURRENT RECORD INFORMATION. 88. ORGANIZATION'S NAME			
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ı	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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ь	COUNTY OF SKAMANIA, STATE OF WASHINGTON, DES SHORT PLATS, PAGE 320, SKAMANIA COUNTY RECORDS	CRIBED AS FOLLOWS: LC	T 1 OF THE SHORT PLAT, REC	ORDED IN BOOK 3
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1/	ME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI da collatoral (*) adds it e suthorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if th by a Doblor, check here and en	is an Assignment). If this is an Amendments in a more of DEBTOR authorizing this Ame	t authorized by a Debt* which
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1/1	B. ORGANIZATION'S NAME ZIONS FIRST NATIONAL BANK b. INDIVIDUAL'S LAST NAME	by a Debtor, check here and en	ter name of DEBTOR authorizing this Ame	t authorized by a Debtn-which idment.
od de	R. ORGANIZATIONS, NAME ZIONS FIRST NATIONAL BANK	by a Debtor, check here and en	ter name of DEBTOR authorizing this Ame	ndment.