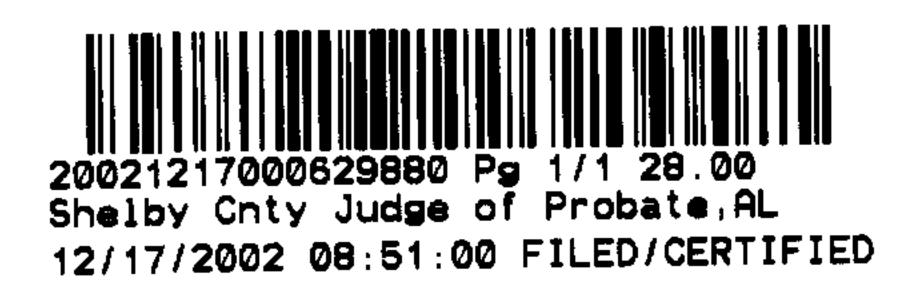
*	.*		



UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	INT			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
UCC Filing Desk - (503) 443-1822				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
US Corporate Services				
12750 SW Pacific Highway, Suite 201				
Tigard, OR 97223				
LP765221S	THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ONLV
ta. INITIAL FINANCING STATEMENT FILE #		1b. Thi	s FINANCING STATEMENT	AMENDMENT is
1998-19166	5/26/98	 ♣ RE	pe filed [for record] (or record AL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	re is terminated with respect to security interest(s) of t	he Secured Pa	rty authorizing this Termination	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Secu	red Party auth	orizing this Continuation Sta	Itement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give name	of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	y <u>one</u> of these	two boxes.	· · · · · ·
Also check one of the following three boxes and provide appropriate information is				
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 name: Give record not ge) in item 7c. DELETE name: Give record not ge) in item 6a or 6b.	ame A	DD name: Complete item 7a m 7c; also complete items 7	or 7b, and also d-7g (if applicable
CURRENT RECORD INFORMATION:				y y (w apprivable
6a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION				<u> </u>
66. INDIVIDUAL'S LAST NAME				
DD. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	Leucció
		IVIIDDEE	IAVIAIC	SUFFIX
c. MAILING ADDRESS	CITY	STATE	BOSTAL CODE	COUNTRY
555 SW OAK ST PD-OR-P7LD	PORTLAND	STATE	97204	USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	1007
ORGANIZATION DEBTOR		rg. Ond.	ANIZATIONAL ID #, II any	NON
AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe collateral assigne	d.		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT (name of assignor, if this is an Assignn	nent). If this is	an Amendment authorized by	v a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	d by a Debtor, check here and enter name of DE	BTOR author	izing this Amendment.	
9a. ORGANIZATION'S NAME				
U.S. BANK NATIONAL ASSOCIATION				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA				
59-9893991977/WOODGRAIN MILLWORK INC.			1	14276