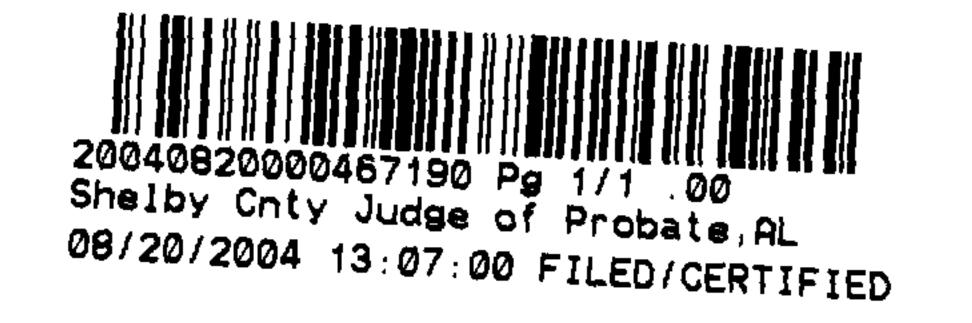
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UCC FINANCING STATEMENT AMENDM	ENT					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
A. NAME & PHONE OF CONTACT AT FILER [optional]						
UCC Filing Desk - (503) 443-1822 B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	—					
US Corporate Services						
12750 SW Pacific Highway, Suite 201						
Tigard, OR 97223						
LP13185918	THE AB	OVE SPACE IS FOR FILING OFFICE	E USE ONLY			
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	MENT AMENDMENT is			
1998-19166	05/26/98	to be filed [for record] (o REAL ESTATE RECOR				
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with respect to security interest	t(s) of the Secured Party authorizing this Te	rmination Statement.			
3. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to security interest(s) of th	e Secured Party authorizing this Continuat	tion Statement is			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also giv	e name of assignor in item 9.				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		eck only <u>one</u> of these two boxes.				
Also check one of the following three boxes and provide appropriate informated and/or address: Give current record name in item 6a or		ecord name	item 7a or 7b, and also			
name (if name change) in item 7a or 7b and/or new address (if address of	to be deleted in item 6a	or 6b. item 7c; also complete	items 7d-7g (if applicable).			
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	,	,				
WOODGRAIN ACQUISITION CORP.						
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX			
			\			
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME						
OR						
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
70. MAILING ADDRESS		STATE FOSTAL CODE	COOKING			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	N 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	7g. ORGANIZATIONAL ID #, if any			
ORGANIZATION ' DEBTOR I						
8. AMENDMENT (COLLATERAL CHANGE); check only one box.			NONE			
Describe collateral deleted or added, or give entire restated of	ollateral description, or describe collateral	assigned.				
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THI adds collateral or adds the authorizing Debtor, or if this is a Termination auth 						
98. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
10. OPTIONAL FILER REFERENCE DATA	<u>f</u>		·			
59-9893991977						
			<u></u>			