FILED FOR RESORDING AT THE REQUEST OF UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY Corporate A. NAME & PHONE OF CONTACT AT FILER [optional] UCC Filing Desk - (503) 443-1822 2001 MM 5 PM B. SEND ACKNOWLEDGMENT TO: (Name and Address) \3 **US Corporate Services** LEGACON PROGRAMMAN EEC 400 12750 SW Pacific Highway, Suite 201 lesine boughs Tigard, OR 97223 115955 LMB THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 16 INITIAL FINANCING STATEMENT FILE 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 07/21/94 102092 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assigner in item 9 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or X Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7 DELETE name: Give record name CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c ADO name: Complete item 7a or 7b, and also tem 7c; also complete items 7d-7g (if applicable 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION OR 66. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION OR 75. INDIVIDUAL'S LAST NAME IRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY STATE **USA** 555 SW OAK ST., P7LD PORTLAND 97204 OR ADD'L INFO RE 79. TYPE OF ORGANIZATION ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 7d. TAX ID #: SSN OR EIN NONE DESTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral defelled or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here Γ and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION OR 96. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

55-0936940968/BLUEBIRD COMMUNICATIONS INC (DEBTOR)

10, OPTIONAL FILER REFERENCE DATA

