

State of Oregon, County of Klamath
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Vol M04 Pg 36592
Linda Smith, County Clerk
Fee \$ 2/00 # of Pgs 1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Lisa Cuevas (704) 386-5869

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Bank of America, N.A.
200 South College Street, 13th Floor
NC1-014-13-04
Charlotte, NC 28255

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

Vol. M03 Pg 49036-46

1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or record) in the REAL ESTATE RECORDS.

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.

3. ☐ **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.

4. ☐ **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 assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects ☒ Debtor or ☐ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in item 6 and/or 7.

☒ **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.

☐ **DELETE name:** Give record name to be deleted in item 6a or 6b.

☐ **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. **ORGANIZATION'S NAME**

U.S. Timberlands Services Yakima, LLC

OR 6b. **INDIVIDUAL'S LAST NAME**

FIRST NAME

MIDDLE NAME

SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. **ORGANIZATION'S NAME**

American Forest Services, LLC

OR 7b. **INDIVIDUAL'S LAST NAME**

FIRST NAME

MIDDLE NAME

SUFFIX

7c. **MAILING ADDRESS**

625 Madison Ave., Suite 10-B

CITY

New York

STATE

NY

POSTAL CODE

10022

COUNTRY

US

7d.

ADDL. INFO RE
ORGANIZATION
DEBTOR

7e. **TYPE OF ORGANIZATION**

Ltd. Liability Co.

7f. **JURISDICTION OF ORGANIZATION**

Delaware

7g. **ORGANIZATIONAL ID #, if any**

DE 3419150

☐ NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral ☐ deleted 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 ☐ and enter name of DEBTOR authorizing this Amendment.

9a. **ORGANIZATION'S NAME**

Bank of America, N.A.

OR 9b. **INDIVIDUAL'S LAST NAME**

FIRST NAME

MIDDLE NAME

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**

Klamath Co., Oregon