2015-012276Klamath County, Oregon

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11/10/2015 09:36:38 AM

Fee: \$42.00

	C FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS		·	1			
A. N.	AME & PHONE OF CONTACT AT FILER (optional)		1				
	ogen Taylor 503-245-8800 MAIL CONTACT AT FILER (optional)						
	ylor@obsidianrenewables.com						
	END ACKNOWLEDGMENT TO: (Name and Address)						
	E =	一					
	Obsidian Finance Group, LLC	I					
	5 Centerpointe Drive Ste 590						
	Lake Oswego, OR 97035						
				E IS FOR FILING OFFICE US			
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	1	in the REAL ESTATE REC				
20	11-011832			dendum (Form UCC3Ad) and provide D			
2.							
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected colla	<u>nd</u> address of iteral in item 8	Assignee in item 7c and name of Assig	nor in item 9			
4.	CONTINUATION: Effectiveness of the Financing Statement Identified above the additional period provided by applicable law	e with respect	to the security interest(s) of Secured Pa	arty authorizing this Continuation Star	tement is continued for		
5.	PARTY INFORMATION CHANGE:			**************************************			
	Check one of these two boxes AND Check one CHANGI			e: Complete item pm DELETE na	me: Give record name		
6.		r 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7b, <u>a</u>	and item 7c to be delete	d in item 6a or 6b		
U .	6a. ORGANIZATION'S NAME	S - provide oik) <u>010</u> name (05 01 05)				
	Knoll Ranch, LLC	,					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	lan Changa - pro	wide only one name (7a or 7h) (yes exact full o	name: do not amit modify or this viote an	nort of the Debtor's name)		
١.	7a. ORGANIZATION'S NAME	ion change – pro	vide only <u>one</u> hame (78 or 76) (use exact, full f	Barries, do not offic, modify, of abbreviate any	part of the Debtor a Harrisy		
OR	7b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
	MENTED A CONTINUES INVITATIONS						
7¢.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY		
8.	COLLATERAL CHANGE: Also check one of these four boxes:	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral		
	Indicate collateral:						
	·						
9.	NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR						
	If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR 9a. ORGANIZATION'S NAME						
	Obsidian Finance Group, LLC	<u> </u>					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
40	ODTIONAL FILED DECEDENCE DATA:						
10.	OPTIONAL FILER REFERENCE DATA:						