2016-000039

Klamath County, Oregon

01/05/2016 09:12:40 AM

Fee: \$47.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)		1				
Vanessa A. Orta 405-236-0003		Ì				
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		]				
Anderson, McCoy & Orta PC						
100 North Broadway, Suite 2600						
Oklahoma City, OK 73102						
1	1					
<u> </u>					FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2015-010841 filed 10/1/15		(or recorded)	in the REAL E	STATE RE	DMENT is to be filed [for CORDS UCC3Ad) and provide Debte	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated v	vith respect to the se	curity interest(	s) of Secu	red Party authorizing this	Termination
3. ✓ ASSIGNMENT (full) or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected coll	and address o	f Assignee in item 7c	and name of	assignor in	Item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above			est(s) of Secur	d Party a	uthorizing this Continuati	on Statement is
continued for the additional period provided by applicable law						
5. PARTY INFORMATION CHANGE:  AND Check one of the second change of the	of these three b	oxes to:				
Check one of these two boxes: CHANG	E name and/or	address: Complete 7a or 7b and item 7c	ADD name 7a or 7b, g		item DELETE name: to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change						
6a. ORGANIZATION'S NAME						
OR THE MENTAL OF THE PERSONAL			····	NODITION	AL NAME(S)/INITIAL(S)	SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ľ	ADDITION.	AL MAINLOSSING FIRELOS	00.1 4.
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Channa - nrovida	only one name (7a or 7b) (	use exact, full nam	do not omit	, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				<u> </u>		
DEUTSCHE BANK TRUST COMPANY AMERICAS	S, AS TRI	JSTEE*				
OR 75. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
,,						
7c. MAILING ADDRESS	CITY				POSTAL CODE	COUNTRY
1761 East St. Andrew Place	Santa Ar	ıa		CA	92705	USA
COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral	DELETE collater	ral RE	STATE co	vered collateral	ASSIGN collateral
* FOR THE REGISTERED HOLDERS OF BANC OF A	MERICA	MERRILL LY	NCH CO	MMER	CIAL MORTGA	GE INC.,
MULTIFAMILY MORTGAGE PASS-THROUGH CERT	IFICATES	S, SERIES 20	15-SB10			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	ENDMENT:	Provide only one nam	ne (9a or 9b) (na	me of Ass	ignor, if this is an Assignn	nent)
If this is an Amendment authorized by a DEBTOR, check here and provide n	ame of authoriz	ing Debtor				
9a. ORGANIZATION'S NAME	TION					
FEDERAL HOME LOAN MORTGAGE CORPORA OR 196. INDIVIDUAL'S SURNAME	TION	NAI NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
95. INDIVIDUAL'S SUMNAME	I FERS	THE HEADIL		2, , , , ,		
10. OPTIONAL FILER REFERENCE DATA:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	L	····	
AMO Ref.: 7114.032 Klamath Falls Properties (Accou	nt No. 93	2411894) FILE	E WITH K	LAMA	TH COUNTY, OI	₹

	n Amendment fo	m i			
015-010841 filed 10/1/15  NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item	Q on Amendmen	t form			
128. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPOR		ic (OIII)			
		-			
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·				
ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
<ul> <li>Name of DEBTOR on related financing statement (Name of a current Department on the properties of 13 or 13b) (use exact, full name; do not omit, modify, or all the properties of th</li></ul>	Debtor of record r bbreviate any pa	equired for indexi rt of the Debtor's :	ng purposes only in s name); see Instructio	ome filing offices - see Instruction item ns if name does not fit	13): Provide on
13a. ORGANIZATION'S NAME TOM'S MULTI SERVICE, INC.					
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
I. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				<u> </u>	
5. This FINANCING STATEMENT AMENDMENT:		1	on of real estate:		
covers timber to be cut covers as-extracted collateral f is file.  S. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest):	ed as a fixture fili	ing			
		- 1			