2016-000830

Klamath County, Oregon

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	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS	Т				
Α. Ι	NAME & PHONE OF CONTACT AT FILER (optional)		1			
	/anessa A. Orta 405-236-0003		1			
В. І	E-MAIL CONTACT AT FILER (optional)					
C. :	SEND ACKNOWLEDGMENT TO: (Name and Address)					
iſ	Anderson, McCoy & Orta PC					
	100 North Broadway, Suite 2600					
	Oklahoma City, OK 73102					
lι		1				
Ľ			THE ABOVE SPAC	CE IS FO	R FILING OFFICE USE	ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 15-012047 filed 11/3/15		This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add	ESTATE I		
2.	TERMINATION: Effectiveness of the Financing Statement identified abov Statement	re is terminated v	vith respect to the security interes	t(s) of Sec	cured Party authorizing this	Termination
3. 💽	ASSIGNMENT (full) or partial): Provide name of Assignee in item 7a or 7l For partial assignment, complete items 7 and 9 and also indicate affected c	b, <u>and</u> address o ollateral in item 8	Assignee in item 7c <u>and</u> name of	Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law						
5.	PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: CompleteADD name: Complete itemDELETE name: Give record name						
	his Change affects Debtor or Secured Party of record item 6	a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7		
6. (CURRENT RECORD INFORMATION: Complete for Party Information Chan 6a. ORGANIZATION'S NAME	ge - provide only	one name (6a or 6b)			
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7 (NUMBER OF ARREST INFORMATION: Complete for Assignment or Both Information	tion Change arouids	and and name (70 or 7h) (use except full na	ma: da pat ar	nit modific or obbrovioto ony port o	the Debter's semal
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) [7a. ORGANIZATION'S NAME]					
00	WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE*					
Un	76. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
	INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11	00 North Market Street	Wilmingto	n	DE	19890	USA
	OLLATERAL CHANGE: Also check one of these four boxes: ADI Indicate collateral: OR THE REGISTERED HOLDERS OF WELLS FADIMERCIAL MORTGAGE PASS-THROUGH CER		 IMERCIAL MORTGAG	SE TR	_	ASSIGN collateral
_						
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A f this is an Amendment authorized by a DEBTOR, check here and provide	MENDMENT: finame of authorizi		ame of As	signor, if this is an Assignme	nt)
	9a. ORGANIZATION'S NAME					
OR	NATIXIS REAL ESTATE CAPITAL LLC 9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		I MOTTENSUI	V V IVANIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································	33.17
10. Sh	OPTIONAL FILER REFERENCE DATA: illo Inn Klamath Falls Reference No.: 6820.018 FIL	E WITH KL	AMATH COUNTY, OF	₹		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2015-012047 filed 11/3/15 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME NATIXIS REAL ESTATE CAPITAL LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME SHILO INN, KLAMATH FALLS, LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

18. MISCELLANEOUS: