**UCC FINANCING STATEMENT AMENDMENT** 

## 2016-012774 Klamath County, Oregon

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12/01/2016 11:27:25 AM

Fee: \$47.00

A. NAME & PHONE OF CONTACT AT FILER (options Phone: (800) 331-3282 Fax: (818) 662-414	ai) 1	7		
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@				
C. SEND ACKNOWLEDGMENT TO: (Name and Addr		1		
CT Lien Solutions	56643272	1		
P.O. Box 29071 Glendale, CA 91209-9071	OROR			
, Gioridaio, 67, 51263-3671	FIXTURE 1			
File with Messeth OD	TIXTORE			
File with: Klamath, OR  1a. INITIAL FINANCING STATEMENT FILE NUMBER  2011-014092 12/22/2011 CC OR Klamath		1b. This FINANCING ST.	SPACE IS FOR FILING OFFICE  ATEMENT AMENDMENT is to be filed REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing State		Filer: attach Amendmer	nt Addendum (Form UCC3Ad) and provide D	Debtor's name in item 13
Statement  3 ASSIGNMENT (full or partial): Provide parts of Assi				
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assig For partial assignment, complete items 7 and 9 and</li> </ol>	also indicate affected collateral in item	ssignee in item 7c and name 8	of Assignor in item 9	
<ol> <li>CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applic</li> </ol>	tement identified above with respect to able law	the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:		<u> </u>		
Check one of these two boxes:  This Change affects Debtor or Secured Party of red	AND Check one of these three bo	address: CompleteADD	name: Complete item DELETE nar	me: Give record name
This Change affects Debtor or Secured Party of red  CURRENT RECORD INFORMATION: Complete for Party			7b, and item 7c to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME		o name (sa or ob)		
JELD-WEN, INC.				
JK ES INDIVIDUALIS SUBMANE				
65. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
BO. INDIVIDUAL'S SURNAME				
66. INDIVIDUAL'S SURNAME				
7. CHANGED OR ADDED INFORMATION: Complete for Assign  7a. ORGANIZATION'S NAME				
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75. INDIVIDUAL'S SURNAME  76. INDIVIDUAL'S SURNAME  76. INDIVIDUAL'S SURNAME				
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME				
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  7b. INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			ame; do not omit, modify, or abbreviate any part	of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	ment or Party Information Change - provide only			of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS	ment or Party Information Change - provide only		ame; do not omit, modify, or abbreviate any part	of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assign  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  - COLLATERAL CHANGE: Also check one of these Indicate collateral:	ment or Party Information Change - provide only	one name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any part of	SUFFIX COUNTRY
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these	ment or Party Information Change - provide only  CITY  four boxes: ADD colfateral	one name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any part of	SUFFIX COUNTRY
7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these Indicate collateral: Debtor Name and Address: ELD-WEN, INC 401 IIARBOR ISLES BLVD. , Issecured Party Name and Address:	CITY  a four boxes: ADD collateral  Klamath Falls, OR 97601	one name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any part of	SUFFIX COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  1NDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these Indicate collateral: Debtor Name and Address: ELD-WEN, INC 401 HARBOR ISLES BLVD. , 1	CITY  a four boxes: ADD collateral  Klamath Falls, OR 97601	one name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any part of	SUFFIX COUNTRY
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7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  - COLLATERAL CHANGE: Also check one of these Indicate collateral: Debtor Name and Address: ELD-WEN, INC 401 IIARBOR ISLES BLVD. , If secured Party Name and Address: eank of America, N.A., as Collateral Agent - 1455	CITY  a four boxes: ADD collateral  Clamath Falls, OR 97601  MARKET ST., SAII FRANCIS  ORIZING THIS AMENDMENT: PR	one name (7a or 7b) (use exact, full not name (7	ame; do not omit, modify, or abbreviate any part of the state of the s	SUFFIX COUNTRY ASSIGN collateral
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these Indicate collateral: Pebtor Name and Address: ELD-WEN, INC 40I IIARBOR ISLES BLVD., I ecured Party Name and Address: ank of America, N.A., as Collateral Agent - 1455  NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he 9a. ORGANIZATION'S NAME	CITY  c four boxes: ADD collateral  Clamath Falls, OR 97601  MARKET ST., SAII FRANCIS  ORIZING THIS AMENDMENT: Proper and provide name of authorizing	one name (7a or 7b) (use exact, full not name (7	ame; do not omit, modify, or abbreviate any part of the state of the s	SUFFIX COUNTRY ASSIGN collateral
7c. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  - COLLATERAL CHANGE: Also check one of these Indicate collateral: Debtor Name and Address: ELD-WEN, INC 401 IIARBOR ISLES BLVD. , I Secured Party Name and Address: Bank of America, N.A., as Collateral Agent - 1455  NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he	CITY  c four boxes: ADD collateral  Clamath Falls, OR 97601  MARKET ST., SAII FRANCIS  ORIZING THIS AMENDMENT: Proper and provide name of authorizing	one name (7a or 7b) (use exact, full in DELETE collateral  CO, CA 94103  ovide only one name (9a or 9b) in Debtor	ame; do not omit, modify, or abbreviate any part of the state of the s	SUFFIX COUNTRY ASSIGN collateral

CC FINANCING STATEMENT AMENDMEN LLOW INSTRUCTIONS	II ADDENI	DUN			
INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 11-014092 12/22/2011 CC OR Klamath	mendment form				
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment for	m			
12a. ORGANIZATION'S NAME			•		
Bank of America, N.A., as Collateral Agent					
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		THE ABOVE S	SPACE IS FOR FILING OFFICE U	SE ONLY	
Name of DEBTOR on related financing statement (Name of a current Deboone Debtor name (13a or 13b) (use exact, full name; do not omit, modify,	otor of record requi	red for indexing part of the Debt	purposes only in son	ne filing offices - see Instruction iter	
13a. ORGANIZATION'S NAME JELD-WEN, INC.			· · · · · ·		
13b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	*******	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral):					
This FINANCING STATEMENT AMENDMENT:			on of real estate:		
covers timber to be cut covers as-extracted collateral is finance and address of a RECORD OWNER of real estate described in item	ilad se s fiytura filir				
if Debtor does not have a record interest):		34 GOOF		RE OR ARE TO BE TED TO THE REA	
		FIXTU	RES RELA	TED TO THE REA CRIBED ON EXHII	L
		FIXTU	RES RELA ERTY DES	TED TO THE REA CRIBED ON EXHII	L
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File with: Klamath, OR

18. MISCELLANEOUS: 56643272-OR-35 16168 - BANK OF AMERICA CRED Bank of America, N.A., as Collateral