2018-007633 Klamath County, Oregon

UCC FINANCING STATEMENT AMENDMENT 06/25/2018 03:23:19 PM	Fee: \$82.0
A. NAME & PHONE OF CONTACT AT FILER (optional) Theresa Risenhoover 512.717.8575	
B. E-MAIL CONTACT AT FILER (optional) trisenhoover@paramountfin.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
PSL Austin Lending LLC	
100 Congress Ave., Suite 1550	
Austin, TX 78701	
Attn: Theresa Risenhoover	
THE ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMENDMENT is to be filled [for in the REAL ESTATE RECORDS	record] (or recorded)
2018-006700 Filer: attack Amendment Addendum (Form UCC3Ad) and provide Del	otor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termi	nation Statement.
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation States	ment 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:	
	ie: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (6a or 6b) Ga. ORGANIZATION'S NAME	
CD DG Klamath Falls South, LLC	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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 provide only one name).	art of the Debtor's name)
7a. ORGANIZATION'S NAME	
Prophet Capital REIT Inc.	
OR 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
7c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
5000 Plaza on the Lake, Suite 180 Austin TX 78746	USA
	1
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral:	ASSIGN collateral
iliurate calatelai.	
9. NAME or SECURED PARTY or 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	
9a. ORGANIZATION'S NAME PSL Austin Lending LLC	
OR 95. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)	
f	SUFFIX
	SUFFIX