**UCC FINANCING STATEMENT AMENDMENT** 

2018-008755

Klamath County, Oregon

07/24/2018 09:59:00 AM

Fee: \$82.00

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		]		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
1488 92170				
CSC 801 Adlai Stevenson Drive				
Commercial II 62702	11			
File(	l In: Oregon (Klamath) I			
<b> </b>	(rtidinidan)	THE ABOVE SDA	CE IS FOR FILING OFFICE USE (	ONL V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2009-008043 06/10/2009		1b. This FINANCING STATEM (or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS	record]
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor'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 Termination Statement				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected.			f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respec	t to the security interest(s) of Secu	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	ne of these three b			
This Change affects Debtor or Secured Party of record Litem 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record name item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha 6a. ORGANIZATION'S NAMEShangri La Apartments of Klam		one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANCED OR ARRED INFORMATION: 0. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		4 7 70 4		[H. B. H. A. A.
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform</li> <li>ORGANIZATION'S NAME</li> </ol>	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or appreviate any part of	the Deptor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: AL	D collateral	DELETE collateral R	ESTATE covered collateral	SSIGN collateral
	D collateral	DELETE collateral R	ESTATE covered collateral	SSIGN Collateral
Indicate collateral:				
OFOURTH DESCRIPTION OF THE PROPERTY OF THE PRO				
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide</li> </ol>	AMENDMENT: F name of authorizi		ame of Assignor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAMEWALKER & DUNLOP, LLC		J		
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:301090061/WD/CK D	ebtor:Shan	gri La Apartments of K	lamath, LLC	 1488 92170