2020-005417

Klamath County, Oregon

04/29/2020 11:26:55 AM

Fee: \$82.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Ī				
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 1204 South Congress Ave., Suite 201-A Austin, TX 78704 Attn: Theresa Risenhoover	A	THE ABOVE	E SPACE IS FOR I	FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018-006700	11:	. This FINANCING in the REAL EST	STATEMENT AMEND ATE RECORDS	DMENT is to be filed [for re UCC3Ad) <u>and</u> provide Deb	ecord] (or recorded)
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated w	ith respect to the security inte	rest(s) of Secured Par	ty authorizing this Termin	ation Statement.
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected colle		ssignee in item 7c <u>and</u> name	of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identified abov		the security interest(s) of Sec	cured Party authorizin	g this Continuation Stater	ment is continued for
the additional period provided by applicable law 5. PARTY INFORMATION CHANGE:					
Check one of these two boxes AND Check one			DD name: Complete i		e: Give record name
This Change affects Debtor or Secured Party of Record Item 6a o	or 6b; <u>and</u> item 7	aor7b <u>and</u> item7c 🔲 7a	a or 7b, <u>and</u> item 7c		n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME CD DG Klamath Falls South, LLC	e – províde only	one name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERS	DNAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information and ORGANIZATION'S NAME	tion Change - prov	ide only <u>one</u> name (7a or 7b) (use e	ixact, full name; do not on	iit, modify, or abbreviate any pa	art of the Debtor's name)
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
8. COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:	NDD collateral	DELETE collateral	RESTATE COM	vered collateral /	ASSIGN collateral
	rovide only <u>one</u> i name of authoriz		ignor, if this is an Assi	gnment)	
Prophet Capital REIT Inc.					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERS	DNAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Cross (DG) Klamath Falls, OR (Klamath Co	\ \OB\		l		74866765