2022-002247

Klamath County, Oregon

02/22/2022 02:08:01 PM

Fee: \$87.00

UCC FINANCING STATEMENT AMENUMEN	.1		L		
FOLLOW INSTRUCTIONS		1			
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Vanessa A. Orta 405-236-0003					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
McCoy & Orta, P.C.					
100 North Broadway, 26th Floor	ļ				
Oklahoma City, OK 73102					
1a. INITIAL FINANCING STATEMENT FILE NUMBER				FILING OFFICE USE	
# 2021-015779 filed 10/19/21		b. This FINANCING STATEN (or recorded) in the REAL Filer: attach Amendment Add	ESTATE R	ECORDS	
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w				
3. ASSIGNMENT (III) or partial): Provide name of Assignee in item 7a or 7	b, and address of	Assignee in item 7c and name of	f Assignor i	n item 9	
For partial assignment, complete items 7 and 9 and also indicate affected of 4. CONTINUATION: Effectiveness of the Financing Statement identified at			red Party	authorizing this Continuation	on Statement is
continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:					
CHAN	<u>ne</u> of these three bo NGE name and/or a	ddress: Complete ADD nam	e: Complet	e item DELETE name:	Give record name
			and item 7c	to be deleted in i	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char Ga. ORGANIZATION'S NAME	nga - provide only s	one name (oa or ob)			
OR Sb. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not on	it, modify, or abbreviate any part o	of the Dabtor's name)
78. ORGANIZATION'S NAME	OTEE+				
OR 75. INDIVIDUAL'S SURNAME	SIEE"				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			 -		SUFFIX
7c. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED	Boston		MA	POSTAL CODE 02110	USA
	DD collateral	DELETE collateral	RESTATE O	overed collateral	ASSIGN collatera
Indicate collateral:		_		-	
* FOR THE REGISTERED HOLDERS OF WELLS FA	ARGO CON	MERCIAL MORTGA	GE SE	CURITIES, INC.,	
MULTIFAMILY MORTGAGE PASS-THROUGH CER					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A if this is an Amendment authorized by a DEBTOR, check here and provide 	AMENDMENT: I e name of authorizi	•	name of As	signor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME					
FEDERAL HOME LOAN MORTGAGE CORPOR	RATION				
OR OF INDIVIDUALIS STIEMANS					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form # 2021-015779 filed 10/19/21 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 128. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 filling 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 MAVERICK OF KLAMATH FALLS LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: 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: