UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141							
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address): 14413 - UMPQUA BANK							
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	85100290						
	OROR						
1	FIXTURE						
File with: Klamath, OR							

2022-002531 Klamath County, Oregon



02/28/2022 01:08:28 PM

Fee: \$92.00

L	File with: Klamath, OR		THE ABOVE SP	ACE IS F	OR FILING OFFICE US	E ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 3-013824 12/17/2013 CC OR Klamath		1b. This FINANCING STAT (or recorded) in the RE. Filer: attach Amendment A	AL ESTATI	MENDMENT is to be filed [for ERECORDS orm UCC3Ad) and provide Debto	
2. 🛭	TERMINATION: Effectiveness of the Financing Statement identified at Statement	oove is termina	ated with respect to the security interest	s) of Secur	ed Party authorizing this Te	rmination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affect			Assignor ir	item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with res	spect to the security interest(s) of Secure	ed Party au	thorizing this Continuation S	tatement is
5. [PARTY INFORMATION CHANGE:					
С	ieck one of these two boxes.	k <u>one</u> of these t CHANGE name		me: Compl	ete item DELETE name:	Give record name
T	is Change affects Debtor or Secured Party of record	tem 6a or 6b; <u>a</u>		o, and item		
6. C	JRRENT RECORD INFORMATION: Complete for Party Information Cha	nge - provide	only <u>one</u> name (6a or 6b)			
	6a. ORGANIZATION'S NAME					
	SOS Family, LLC					
OR	6b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIO	ONAL NAME(S)INITIAL(S)	SUFFIX
7 C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - pro	wide only one name (7a or 7b) (use exact, full nam	e: do not omit	modify, or abbreviate any part of the	e Debtor's name)
0	7a. ORGANIZATION'S NAME	tion ondings pro	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR	7b. INDIVIDUAL'S SURNAME					-
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					
7c	MAILING ADDRESS	СПУ		STATE POS		COUNTRY
, u. i	WILLING ABBACCO	•			1,55,11,25,55	
						
8	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collate	ral DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
-	Indicate collateral:					
	tor Name and Address: 5 Family, LLC - 1301 Esplanade Ave , Klamath Falls, OR 9	7601-5902				
-	Training, EES 7007 Espianado 740, Mamatiri and, 5140	7007 0002				
	ured Party Name and Address:					
Um	oqua Bank - PO Box 1580 , Roseburg, OR 97470					
All F	ixtures; whether any of the foregoing is owned now or acq	uired later;	all accessions, additions, replace	ements, a	nd substitutions relatin	g to any of the
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS		NT: Provide only one name (9a or 9b) authorizing Debtor	name of A	ssignor, if this is an Assignme	ent)
"	9a. ORGANIZATION'S NAME	Wide harne or a	authorizing Deptor			
Umpqua Bank						
OR	9b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIO	DNAL NAME(SYINITIAL(S)	SUFFIX
10. 0	PTIONAL FILER REFERENCE DATA: Debtor Name: SOS Fami	lv. LLC				

85100290

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	ADDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame 2013-013824 12/17/2013 CC OR Klamath	ndment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	Amendment form			
12a. ORGANIZATION'S NAME		1		
Umpqua Bank				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
Name of DEBTOR on related financing statement (Name of a current Debtor	of record required for indexing	THE ABOVE SPACE IS FOR FIL		
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or	abbreviate any part of the Deb	tor's name); see Instructions if name doe	s not fit	
13a. ORGANIZATION'S NAME SOS Family, LLC				
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME	(S)INITIAL(S)	SUFFIX
AA APPITIONAL CREET FOR ITEM 9 (College only)				
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): oregoing; all records of any kind relating to any of the foregoing.				
15. This FINANCING STATEMENT AMENDMENT:	17. Descrip	tion of real estate:		
covers timber to be cut covers as-extracted collateral is filed	as a fixture filing SEE A	ATTACHED EXHIBIT	Ą	
16. Name and address of a RECORD OWNER of real estate described in item 1' (if Debtor does not have a record interest):	, 	Front Street, Merrill C		
18. MISCELLANEOUS: 85100290-OR-35 14413 - UMPQUA BANK - COMMER Ump	qua Bank	File with: Klarnath, OR		

EXHIBIT "A" LEGAL DESCRIPTION

Parcel 1:

Lot 7 and the North 25 feet of Lot 6 in Block 29 of TOWN OF MERRILL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Parcel 2:

Lot 5 and the South 37.5 feet of Lot 6 in Block 29 of TOWN OF MERRILL, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.