UCC FINANCING STATEMENT AMENDMENT

2023-000435 Klamath County, Oregon

01/23/2023 08:54:01 AM

Fee: \$87.00

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Loan Servicing						
B. E-MAIL CONTACT AT FILER (optional)		1				
loanservicing@craft3.org						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_				
	_					
Craft3 P.O. Box 530233						
Atlanta, Georgia 30353-0233						
Atlanta, Georgia 30333-0233						
l 1	1					
		THE ABOVE	SPACE IS FO	R FILING OFFICE	USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S' (or recorded) in the		NDMENT is to be file	ed [for record]	
2018-001817		Filer: attach Amendme	ent Addendum (Fo	m UCC3Ad) and provide		
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated v	vith respect to the security	interest(s) of Sec	cured Party authorizir	ng this Terminat	tion
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect.			ame of Assignor	in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect	to the security interest(s)	of Secured Party	authorizing this Con	inuation Staten	nent is
5. PARTY INFORMATION CHANGE:						
CHECK ONE OF THESE TWO DOXES.	one of these three b		DD name: Comple	to itom DELETE	name: Give reco	ard name
This Change affects Debtor or Secured Party of record ite	HANGE name and/or a em 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a	or 7b, <u>and</u> item 7		ted in item 6a or	
CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAME	Change - provide only	one name (6a or 6b)				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAI	(S) SUFFI	IX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide	only one name (7a or 7h) (use exac	t full name: do not or	nit modify or abbroviate ar	w nort of the Debter	r's nama)
7a. ORGANIZATION'S NAME	ormation change - provide	only one name (7a or 7b) (use exac	x, idii fiame, do not oi	ilit, moully, or abbreviate at	y part of the Debtor	3 Harrie)
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFI	IX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	ITRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE 0	overed collateral	ASSIGN C	collateral
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			r 9b) (name of As	signor, if this is an Ass	signment)	
If this is an Amendment authorized by a DEBTOR, check here and prov 9a. ORGANIZATION'S NAME	ide name of authorizi	ig Deptor				
Craft3						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFI	IX
10. OPTIONAL FILER REFERENCE DATA:						
DEBTOR: Parker, Keith & Parker, Melind	la Ln#SP-1	19835				

18. MISCELLANEOUS:

UCC FINANCING STATEMENT AM FOLLOWINSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: $2018\text{-}001817$	Same as item 1a on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDME	NT: Same as item 9 on Amendment form		
12a. ORGANIZATION'S NAME Craft3			
OR 12b. INDIVIDUAL'S SURNAME			
12b. Hybryboal o doktyanyi			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
13. Name of DEBTOR on related financing statement (None Debtor name (13a or 13b) (use exact, full name; do not		purposes only in some filing offices - see Instruction item	
13a. ORGANIZATION'S NAME			
OR 136 INDIVIDUAL'S SURNAME Parker	first personal name Keith	ADDITIONAL NAME(S)/INITIAL(S) Ray	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
14. ADDITIONAL SPACE FOR THEM 6 (Collateral):			
15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted colla 16. Name and address of a RECORD OWNER of real estate des		of real estate: n Drive, Klamath Falls, OR 97603	

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201