

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>CSC 1-800-858-5294</b>				
B. E-MAIL CONTACT AT SUBMITTER (optional) <b>SPRFiling@cscglobal.com</b>				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%; border: 1px solid black; padding: 5px;"><b>2631 62349</b> CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div><div style="width: 35%; text-align: center; padding-top: 20px;">Filed In: Oregon (Klamath)</div></div> <div style="text-align: center; margin-top: 10px;"><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></div>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>2020-005573 05/04/2020</b>			1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.	
2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> <b>ASSIGNMENT:</b> Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8				
4. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between; font-size: small;"><div>AND Check <u>one</u> of these three boxes to:</div><div><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c</div><div><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c</div><div><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</div></div>				
6. <b>CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span>OR</span><div style="width: 100%; border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6b. INDIVIDUAL'S SURNAME <b>Sabolboro</b></div><div style="width: 20%;">FIRST PERSONAL NAME <b>Dixie</b></div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div></div>				
7. <b>CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span>OR</span><div style="width: 100%; border: 1px solid black; padding: 2px;"><div style="border-bottom: 1px solid black; padding-bottom: 5px;">7b. INDIVIDUAL'S SURNAME</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">SUFFIX</div></div></div>				
7c. MAILING ADDRESS				
8. <b>COLLATERAL CHANGE:</b> Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral Indicate collateral: <b>Roof</b> <b>APN: R216153</b> <b>The W1/2 of Lot 4 and the North 5 feet of the West 89 feet of Lot 5 in Block 35 of HILLSIDE</b> <b>ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of</b>				
9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME <b>1st Security Bank of Washington</b></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span>OR</span><div style="width: 100%; border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div></div>				
10. <b>OPTIONAL FILER REFERENCE DATA:</b> <b>5151644890 SABOLBORO</b> <div style="text-align: right;"><b>2631 62349</b></div>				

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
2020-005573 05/04/2020

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

1st Security Bank of Washington

OR

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 filing 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

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX):



ITEM 8 (Collateral) OR



OTHER INFORMATION (Please Describe)

Klamath County, Oregon.

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):

17. Description of real estate:

The W1/2 of Lot 4 and the North 5 feet of the West 89 feet of Lot 5 in Block 35 of HILLSIDE ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

18. MISCELLANEOUS: