

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)																																							
B. EMAIL CONTACT AT SUBMITTER (optional)																																							
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Edwin C. Cox, Esquire Troutman Pepper Hamilton Sanders LLP Post Office Box 1122 Richmond, Virginia 23218 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION																																							
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2019-014199			1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (form UCC3Ad) and provide Debtor's name in item 13</small>																																				
2. <input type="checkbox"/> TERMINATION: 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"/> ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8</small>																																							
4. <input type="checkbox"/> CONTINUATION: 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. PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b																																							
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="5" style="height: 20px;">6a. ORGANIZATION'S NAME</td></tr><tr><td colspan="5" style="height: 20px;">ALTAMONT ESTATES MHC, LLC</td></tr><tr><td style="width: 40%; height: 20px;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td colspan="2" style="width: 20%;">SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME					ALTAMONT ESTATES MHC, LLC					6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																					
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7. CHANGED OR ADDED INFORMATION: 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) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="5" style="height: 20px;">7a. ORGANIZATION'S NAME</td></tr><tr><td colspan="5" style="height: 20px;">ALTAMONT MHP LLC</td></tr><tr><td colspan="5" style="height: 20px;">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="5" style="height: 20px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="4" style="height: 20px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="height: 20px;">SUFFIX</td></tr><tr><td style="width: 40%;">7c. MAILING ADDRESS</td><td style="width: 20%;">CITY</td><td style="width: 10%;">STATE</td><td style="width: 10%;">POSTAL CODE</td><td style="width: 20%;">COUNTRY</td></tr><tr><td style="height: 20px;">2520 Bluebonnet Lane, Unit 5</td><td style="height: 20px;">Austin</td><td style="height: 20px;">TX</td><td style="height: 20px;">78704</td><td style="height: 20px;">USA</td></tr></table>					7a. ORGANIZATION'S NAME					ALTAMONT MHP LLC					7b. INDIVIDUAL'S SURNAME					INDIVIDUAL'S FIRST PERSONAL NAME					INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	2520 Bluebonnet Lane, Unit 5	Austin	TX	78704	USA
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8. COLLATERAL CHANGE: 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 <small>*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to a certain collateral and describe the collateral in Section 8</small> Indicate Collateral:																																							
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="5" style="height: 20px;">9a. ORGANIZATION'S NAME</td></tr><tr><td colspan="5" style="height: 20px;">FANNIE MAE</td></tr><tr><td style="width: 40%;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td colspan="2" style="width: 20%;">SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME					FANNIE MAE					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																					
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10. OPTIONAL FILER REFERENCE DATA: Altamont Mobile Estates (Assumption) (Klamath County, Oregon)																																							

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)

First American Title Insurance
National Commercial Services
NCS- 1185500 CO

Exhibit "A"

Legal Description

Real property in the City of Klamath Falls, County of Klamath, State of Oregon, described as follows:

TRACTS 13 AND 14 OF THE RESUBDIVISION OF TRACTS 25 TO 32 INCLUSIVE TOGETHER WITH THE SOUTH 10 FEET OF TRACTS 33 AND 34 OF ALTAMONT RANCH TRACTS, IN THE COUNTY OF KLAMATH, STATE OF OREGON, EXCEPT THE EAST 10 FEET THEREOF, CONVEYED TO KLAMATH COUNTY, IN VOLUME 168, AT PAGE 535, DEED RECORDS OF KLAMATH COUNTY, OREGON.

AND EXCEPT THAT PORTION OF LOTS 13 AND 14 LYING WITHIN THE BOUNDARIES OF THE USBR A-3-F LATERAL CANAL.

APN: