2024-000879

Klamath County, Oregon

02/02/2024 03:01:01 PM

Fee: \$87.00

| CO FINANCING STATEMENT AMEN   | DMENT  |   |                     |                                   |                          |
|---|--|---|---------------------|-----------------------------------|--------------------------|
| CC FINANCING STATEMENT AMEN<br>LLOW INSTRUCTIONS  | DIVIENT  |   |                     |                                   |                          |
| NAME & PHONE OF CONTACT AT FILER (optional)  Loan Servicing   |  | ]   |                     |                                   |                          |
| E-MAIL CONTACT AT FILER (optional)  |  | -   |                     |                                   |                          |
| loanservicing@craft3.org SEND ACKNOWLEDGMENT TO: (Name and Address)   |  | -   |                     |                                   |                          |
| Craft3 P.O. Box 530233 Atlanta Coordin 20253 0223   |  |   |                     |                                   |                          |
| Atlanta, Georgia 30353-0233   |  | THE ABOVE S   | PACE IS FO          | R FILING OFFICE US                | F ONLY                   |
| INITIAL FINANCING STATEMENT FILE NUMBER   |  | 1b. This FINANCING STA                              | TEMENT AME          | NDMENT is to be filed [           |                          |
| TERMINATION: Effectiveness of the Financing Statement in  | dentified above is terminated v                                    | Filer: attach Amendment                             | Addendum (For       | m UCC3Ad) <u>and</u> provide De   |                          |
| Statement   |  |   |                     | -                                 |                          |
| ASSIGNMENT (full or partial): Provide name of Assignee in<br>For partial assignment, complete items 7 and 9 <u>and</u> also indic |  |   | e of Assignor       | in item 9                         |                          |
| CONTINUATION: Effectiveness of the Financing Statemen<br>continued for the additional period provided by applicable law           |  | to the security interest(s) of                      | Secured Party       | authorizing this Continu          | ation Statement is       |
| PARTY INFORMATION CHANGE;   |  |   |                     |                                   |                          |
| Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> Secured Party of record                                | ND Check one of these three be<br>CHANGE name and/or a             | iddress. CompleteADD                                | name: Comple        | te itemDELETE nam                 | e: Give record name      |
| CURRENT RECORD INFORMATION: Complete for Party Info   | item 6a or 6b; <u>and</u> item 1<br>ormation Change - provide only | twiwa   | 7b, and item 7      | to be deleted                     | in item 6a or 6b         |
| 6a. ORGANIZATION'S NAME   |  |   |                     |                                   |                          |
| 69. INDIVIDUAL'S SURNAME  | FIRST PERSON   | IAL NAME  | ADDITIO             | NAL NAME(S)/INITIAL(S)            | SUFFIX                   |
| CHANGED OR ADDED INFORMATION: Complete for Assignment   | t or Party Information Change - provide                            | only <u>one</u> name (7a or 7b) (use exact, fi      | ill name; do not on | nit, modify, or abbreviate any pa | rt of the Debtor's name) |
| 7a. ORGANIZATION'S NAME   |  |   |                     |                                   |                          |
| 7b. INDIVIDUAL'S SURNAME  |  |   |                     |                                   |                          |
| INDIVIDUAL'S FIRST PERSONAL NAME  |  |   |                     |                                   |                          |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  |   |                     |                                   | SUFFIX                   |
| MAILING ADDRESS   | CITY   |   | ISTATE              | POSTAL CODE                       | COUNTRY                  |
| WALLING ASSALOG   |  |   | 01.51.              | 7 00 7 7 11 000 11                | COCKTIC                  |
| _   |  | DELETE collateral                                   | TRECTATE A          | overed collateral                 | ASSIGN collateral        |
| COLLATERAL CHANGE: Also check one of these four box   | es: ADD collateral   | ············  | _ KESTATE C         |                                   | J ASSIGN CONSIGNS        |
| COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four box<br>Indicate collateral:   | es: ADD collateral   |   | _ RESTATE C         | <b></b>                           | J ASSIGN CONACTA         |
|   | es:] ADD collateral  | Land Land   | _ RESTATE 0         | <b>L</b>                          | J ASSIGN CUITATERA       |
|   | es: ADD collateral   |   | _ RESTATE C         |                                   | ASSIGN CUIACEIA          |
|   | es: ADD collateral   |   |                     |                                   | ASSIGN CONSTRU           |
| Indicate collateral;  |  |   |                     |                                   |                          |
|   |  | Provide only <u>one</u> name ( <b>9</b> a or 9      |                     |                                   |                          |
| NAME of SECURED PARTY of RECORD AUTHORIZ  If this is an Amendment authorized by a DEBTOR, check here                              | ING THIS AMENDMENT: F  | Provide only <u>one</u> name ( <b>9</b> a or 9      |                     |                                   |                          |
| Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZ  If this is an Amendment authorized by a DEBTOR, check here        | ING THIS AMENDMENT: F  | Provide only <u>one</u> name (9a or 9i<br>ng Debtor | o) (name of Ass     |                                   | ment)                    |

## UCC-3

18. MISCELLANEOUS:

| CC FINANCING STATEMENT AM<br>LLOWINSTRUCTIONS  | IENDMENT ADDE                     | 100.01    |   |                       |
|--|-----------------------------------|-----------|---|-----------------------|
| INITIAL FINANCING STATEMENT FILE NUMBER: 019-003467  | Same as item 1a on Amendment form | m         |   |                       |
| NAME OF PARTY AUTHORIZING THIS AMENDME   | NT: Same as item 9 on Amendment   | form      |   |                       |
| 12a. ORGANIZATION'S NAME   |                                   |           |   |                       |
| Craft3   |                                   |           |   |                       |
|  |                                   |           |   |                       |
| 12b. INDIVIDUAL'S SURNAME  |                                   |           |   |                       |
| FIRST PERSONAL NAME  |                                   |           |   |                       |
| ADDITIONAL MAME (SYMMETAL (S)  | T                                 | SHEETV    |   |                       |
| ADDITIONAL NAME(S)/INITIAL(S)  | ľ                                 | SUFFIX    | THE ABOVE CDACE IS FOR EURIO OF                           | HOE LICE ONLY         |
| L. Common de la co |                                   |           | THE ABOVE SPACE IS FOR FILING OF                          |                       |
| Name of DEBTOR on related financing statement (None Debtor name (13a or 13b) (use exact, full name; do not   |                                   |           |   | i item 13): Provide d |
| 13a. ORGANIZATION'S NAME   | , F                               |           |   |                       |
| 135 INDIVIDUAL'S SURNAME   | FIRST PERS                        | ONAL NAME | ADDITIONAL NAME(S)/INITIA                                 | (S) SUFFIX            |
| Cary   | Aaron                             |           | Arnold  |                       |
| ADDITIONAL SPACE FOR ITEM 8 (Collateral).  |                                   |           |   |                       |
|  |                                   |           |   |                       |
| ADDITIONAL SPACE FOR ITEM 8 (Collateral):  |                                   |           |   |                       |
|  | V                                 | 1         | on of real estate:<br>erside Dr , Klamath Falls, OR 97601 |                       |