Record at the request of and

2025-001581 Klamath County, Oregon



	when recorded return to: GoodLeap, LLC		00339263202500015810020020			
UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS			03/05/2025 11:14:44 AM			
A. NAME & PHONE OF CONTACT AT SUBMITTE	ER (optional)					
B. E-MAIL CONTACT AT SUBMITTER (optional) filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and	Address)					
Loanpal LLC	·	7				
PO Box # 981440 El Paso, TX 79998- 1440						
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 03/30/2020 2020003766 Klamath, OR			b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.			
2. TERMINATION: Effectiveness of the Financing S	tatement identified above is termi	nated with respect to the secur	ity interest(s) of Secured Part	(y)(ies) authorizing this Termina	ation Statement	
ASSIGNMENT: Provide name of Assignee in iter For partial assignment, complete items 7 and 9; che	n 7a or 7b, <u>and</u> address of Assigr ck ASSIGN Collateral box in Item	ee in item 7c <u>and</u> name of Ass 8 and describe the affected co	ignor in item 9 Allateral in item 8			
4. CONTINUATION: Effectiveness of the Financing additional period provided by applicable law	Statement identified above with	espect to the security interest(s) of Secured Party authorizing	g this Continuation Statement	is continued for the	
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party 6. CURRENT RECORD INFORMATION: Complete	of record CHANGE	these three boxes to: name and/or address: Comple 6b; <u>and</u> item 7a or 7b <u>and</u> iten rovide only <u>one</u> name (6a or 6b	n 7c 7a or 7b, <u>and</u> item	olete item DELETE name: 7c to be deleted in	Give record name item 6a or 6b	
6a. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S SURNAME Rote	ł .	RST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete 7a. ORGANIZATION'S NAME	for Assignment or Party Information Cha	nge - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, m	nodify, or abbreviate any part of the De	ebtor's name)	
OR 75. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME					·	
INDIVIDUAL TO THE PROPERTY OF						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				· · · · · · · · · · · · · · · · · · ·	SUFFIX	
7c. MAILING ADDRESS	C	TY	STATE	POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Check only one bo	ox: ADD co	lateral DELETE co	llateral RESTATE	covered collateral	ASSIGN* collateral	
Indicate collateral:	*Check ASSIG	√ COLLATERAL only if the assignee's	power to amend the record is limited	to certain collateral and describe the o	collateral in Section 8	
9. NAME OF SECURED PARTY OF RECORD A If this is an Amendment authorized by a DEBTOR, che [9a. ORGANIZATION'S NAME	AUTHORIZING THIS AMENE ck here and provide name o		ne (9a or 9b) (name of Assign	or, if this is an Assignment)		
Loanpal LLC						
OR 9b. INDIVIDUAL'S SURNAME	FI	RST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: 2001019545 FIXEXT Mari	a Rote & Alcaria P	'lemoms		Klamath		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 03/30/2020 2020003766 Klamath, OR 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Loanpal LLC 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 FIRST PERSONAL NAME SUFFIX 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) Rote Maria 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): OTHER INFORMATION (Please Describe) ITEM 8 (Collateral) OR 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 1309 Summers Ln, Klamath Falls, OR, 97603-3725 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Maria Rote & Alcaria Plemoms **COUNTY Klamath APN R447617** SHADOW HILLS 1ST ADDITION, BLOCK 3, LOT 17 & **POR 18**

FIXEXT

18. MISCELLANEOUS: