	STATEMENT AME	ENDMENT	State of C Recorded ( Vol M05 Po Linda Smit	oregon, 02/22/20 0 <u>//</u> h. Coun	Page 11 County of Klar 005 // 48 427 aty Clerk # of Pgs/	nath <u>2</u> m 
	NTACT AT FILER [optional]	221-0102				
AFTER I CT (	ENT TO: (Name and Address)  FILING RETURN TO  CORPORATION  UTH HIGH STREET  UMBUS, OH 43215	_				
L						
a. INITIAL FINANCING STATE			THE ABOVE SP	1b. Thi	R FILING OFFICE US  FINANCING STATEME  THE FILE OF THE STATEME  THE STATE RECORDS.	NT AMENDMENT is
X TERMINATION: Effec	tiveness of the Financing Statemen	t identified above is terminated with response	ect to security interest(s) of the			nation Statement.
	ectiveness of the Financing Statem all period provided by applicable is	nent identified above with respect to sec sw.	urity interest(s) of the Secure	d Party auth	orizing this Continuation	Statement is
. ASSIGNMENT (full or	partial): Give name of assignee in i	item 7a or 7b and address of assignee in	item 7c; and also give name o	f sesionar in	item 0	<del></del>
Also check <u>one</u> of the followin CHANGE name and/or add in regards to changing the		ate information in items 6 and/or 7.	Party of record. Check only	one of these	·	r7b, and also item 7c; blicable).
Also check gng of the following CHANGE name and/or add in regards to changing their CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 46b. INDIVIDUAL'S LAST N	ig three boxes and provide approprintess: Please refer to the detailed instru- provide approprintess of a party.  DRMATION:  WE  ISE SOUTHERN OR  AME  DED INFORMATION:	ate information in items 6 and/or 7.	Party of record. Check only of the control of the c	one of these	two boxes.  name: Complete item 7a or  somplete items 7e-7g (if app	r7b, and also item 7c; licable).
Also check gng of the following CHANGE name and/or add in regards to changing their integerds to changing their integerds to changing their integerds to changing their integer intege	ig three boxes and provide approprises: Please refer to the detailed instru- lame/address of a party.  PRMATION:  WE  ISE SOUTHERN OR  AME  DED INFORMATION:	ate information in items 6 and/or 7. uctions DELETE name: to be deleted in  REGON LAND & TIMBE FIRST NAME	Party of record. Check only of the control of the c	ADDI alsoc	two boxes.  name: Complete item 7a or  omplete items 7e-7g (if app	SUFFIX
Also check gng of the following CHANGE name and/or add integerds to changing their currents of the following states of the fol	ig three boxes and provide approprises: Please refer to the detailed instru- lame/address of a party.  PRMATION:  WE  ISE SOUTHERN OR  AME  DED INFORMATION:	ate information in items 6 and/or 7. uctions DELETE name: to be deleted in	Party of record. Check only of the control of the c	One of thesis	two boxes.  name: Complete item 7a or  omplete items 7e-7g (if app	ilicable).
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Also check gng of the following change name and/or add in regards to changing the current of the control of the	ig three boxes and provide appropriates: Please refer to the detailed instruMENATION:  ISE SOUTHERN OR  AME  ADD'L INFO RE   7e. TYPE OF OF ORGANIZATION    DED INFORMATION:  ME  AME  AME  AME  AME  ARTY OF RECORD AUTHOR  ARTY OF RECORD AUTHOR  ARTHORIZATION OR ORGANIZATION ORGA	ate information in items 6 and/or 7. uctions DELETE name: to be deleted in  REGON LAND & TIMBE FIRST NAME  CITY  RGANIZATION 7f. JURISDICTION  The box.  restated collateral description, or description authorized by a Debtor, check he	Party of record. Check only :  Give record name item &a or 8b.  R L.L.C.  OF ORGANIZATION  cribe collateral assigned assigned assigned and enter name of DE	MIDDLE  STATE: 7g. ORG	NAME POSTAL CODE SANIZATIONAL ID #, if an	SUFFIX SUFFIX COUNTRY
Also check gng of the following change name and/or add in regards to changing the current of the control of the	ARTY OF RECORD AUTHOR Thanizing Debtor, or if this is a Terromet.	ate information in items 6 and/or 7. uctions DELETE name: to be deleted in  REGON LAND & TIMBE FIRST NAME  FIRST NAME  CITY  RGANIZATION 7f. JURISDICTION  as box.  restated collateral description, or des	Party of record. Check only :  Give record name item &a or 8b.  R L.L.C.  OF ORGANIZATION  cribe collateral assigned assigned assigned and enter name of DE	MIDDLE  STATE: 7g. ORG	NAME POSTAL CODE SANIZATIONAL ID #, if an orizing this Amendment.	SUFFIX SUFFIX COUNTRY