FILED: JUN 21, 2024 03:09 PM OREGON SECRETARY OF STATE



LIEN NO.

UCC

## **UCC FINANCING STATEMENT AMENDMENT**

	LOW INSTRUCTIONS	EIN I				
A. Na	NAME & PHONE OF CONTACT AT SUBMITTER (optional) ime: Wolters Kluwer Lien Solutions Phone: 800-331-328:	2 Fax: 818-662-4141	7			
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com		1			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 24538	- BANNER BANK -				
[	P.O. Box 29071	9391573 ROR				
Į	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION	THE ABOVE SPA	ACE IS FOR FILING OFF	FICE USE ONLY	
	NITIAL FINANCING STATEMENT FILE NUMBER 04 7/23/1981 SS OR	•	(or recorded) in the REA	MENT AMENDMENT is to b L ESTATE RECORDS dendum (Form UCC3Ad) and pro	•	em 13
2. [	TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated with				
3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate a			assignor in item 9		
4. [	CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respect to	the security interest(s) of Secured	Party authorizing this Conti	nuation Statement is	
5.	PARTY INFORMATION CHANGE:			<del></del>		
	meck one of these two boxes.	heck <u>one</u> of these three bo: — CHANGE name and/or a	iddress: Complete ADD nam	ne: Complete item DELE	TE name: Give record	name
	his Change affects Debtor or Secured Party of record	item 6a or 6b; and item		and item 7c to be o	deleted in item 6a or 6b	)
6. C	URRENT RECORD INFORMATION: Complete for Party Information ( 6a. ORGANIZATION'S NAME	change - provide only <u>one</u>	name (oa or ob)			
OR.	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX	
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only	one name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate a	ny part of the Debtor's name	e)
	7a. ORGANIZATION'S NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR	7b. INDIVIDUAL'S SURNAME				-	
	. INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			SUFFIX		
7c.	MAILING ADDRESS	CITY	-	STATE POSTAL CODE	COUNTR	Y Y
_			□ : - : · : □ -			
8.	COLLATERAL CHANGE: Check only one box: Indicate collateral:	LADD collateral	DELETE collateral  If the assignee's power to amend the reco	RESTATE covered collateral and de-	<del></del>	
	indicate collateral:	ORECK ADDION COLEANE INC.	my who assigned a power to differ to the feed	io is infined to certain condition and te-	TOTAL THE CONDICTED IT OCCUO.	
0 N	AME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT: Pr	ovide only one name (9a or 9h) (n	name of Assignor if this is an	Assignment)	
		provide name of authorizi				
	9a. ORGANIZATION'S NAME INLAND EMPIRE BANK					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX	
	DPTIONAL FILER REFERENCE DATA: Debtor Name: Hermist	on Home Center, Inc		16002002 & 1	6002070	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL PRIANCING STATEMENT FILE NUMBER: Same as item 1s or Amendment from    Society of PRATY AUTHOROUGH THIS AMENDMENT: Same as item 9 on Amendment from   Society of PRATY AUTHOROUGH THIS AMENDMENT: Same as item 9 on Amendment from   Too Deformation Statement (Initial Stat	FOL	LOW INSTRUCTIONS					
12. MARIO OF PARTY AUTHORIZED THIS AMENDMENT: Same as 8am 9 on Amendment from			mendment form				
Tab. RECONDUCTIONS NAME   INLAND EMPIRE BANK							
INLAND EMPIRE BANK    FIRST PERSONAL NAME   ADDITIONAL SAFENATION or stated flavoring statement (harne of a current Debtor of record required for indexing purposes only in some filing officer - see instruction item 13). Provide only too or 130 (see ease, full mire, do not only, or adhereous any part of the Debtor's name); see Instruction item 13). Provide only too or part of the Debtor's name; see Instruction item 13). Provide only too or part of the Debtor's name; see Instruction item 13). Provide only 13s. INCOMPANIES SUBMINE   Hermitiston Informe Center, Inc.   1 Sa. INCOMPANIES SUBMINES   PRIST PERSONAL NAME	12.						
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 indeeling purposes only in some filing offices - see Instruction Item 13). Provide only one Debtor onner (13a of 13b) (see exact, full name, do not ornit, rediffy, or abbrevaile only part of the Debtor's name), see Instruction Item 13). Provide only one Debtor onner (13a of 13b) (see exact, full name, do not ornit, rediffy, or abbrevaile only part of the Debtor's name), see Instructions if name occs and it Hermitson Home Center, Inc.  13b. ROWIDUALS SURRAME  15c. This FINANCING STATEMENT AMENOMENT:  15. This FINANCING STATEMENT AMENOMENT:  15. This FINANCING STATEMENT AMENOMENT:  16. ADDITIONAL SPACE FOR (CHECK ONE BOX):  17. Description of real estate.							
FRST PERSONAL NAME (Sg)MFTAL(S)  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 (13e or 13b) (see exact. full name, do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions of name does not fit 13s. RORANZINGS MANE  Hermiston Home Center, Inc.  15. This FINANCING STATEMENT AMENOMENT:    TIEM 8 (Collateral) OR   DTHER INFORMATION (Please Describe)    15. This FINANCING STATEMENT AMENOMENT:    OR   DESCRIPTION   DESCRIPT							
ADDITIONAL NAME (SYNMIAL (S)  19. Name of DESTOR on related financing statement (Name of a current Debtor of record required for indissing purposes only in some filling Offices - see instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name; do not onal, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fill 13a. DRIGHTOWN NAME  Hermiston Home Center, Inc.  15. Individual 3 suriname  FRST PERSONAL NAME  ADDITIONAL SPACE FOR (CHECK ONE BOX);  ITEM 8 (Collateral)  OR  DTHER INFORMATION (Please Describe)  15. This FINANCING STATEMENT AMÉENDMENT:  Overs limber to be cut.  Overs switcher to the cut of the c	OR	12b. INDIVIDUAL'S SURNAME					
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Hermiston Home Center, Inc.    Title   First Personal Name   Applitional Name(synittal(s))   SUFFX     14. ADDITIONAL SPACE FOR (CHECK ONE BOX):   ITEM 8 (Collateral)   OR   OTHER INFORMATION (Please Describe)     15. This FINANCING STATEMENT AMENDMENT:   Overs sew-sew-tracled collateral   Is filed as a fixture filing     16. Name and dates of a RECORD MONER of real estate described in item 17   Obstor does not have a record interest):	13.	Name of DEBTOR on related financing statement (Name of a current Deb one Debtor name (13a or 13b) (use exact, full name; do not omit, modify,	otor of record requi- or abbreviate any	red for indexing part of the Debte	purposes only in som or's name); see Instru	ne filing offices - see Instruction item uctions if name does not fit	13): Provide only
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18. MISCELLANEOUS: 99391573-OR-0 24538 - BANNER BANK - COMMER INLAND EMPIRE BANK File with: Secretary of State, OR 402 16002002 & 16002070		•			•		
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