

FILED: JUN 21, 2024 01:03 PM OREGON SECRETARY OF STATE



LIEN NO. 92

UCC

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-328	32 Fax: 8	18-662-4141]			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com			1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11478	8 - WELL	.S FARGO	1			
Lien Solutions	94060	694				
P.O. Box 29071	ROR	. ,				
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File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT IN			THE ABOVE	SPACE IS FO	R FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 92134197 12/20/2019 SS OR			1b. This FINANCING S (or recorded) in the Filer: attach Amendm	REAL ESTATE		•
TERMINATION: Effectiveness of the Financing Statement identifies Statement	ed above is	terminated with	respect to the security inte	erest(s) of Secure	d Party authorizing this	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 <u>and</u> also indicate.				ne of Assignor in i	tem 9	
CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	fied above	with respect to	he security interest(s) of Se	ecured Party auth	orizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes.	CHANG		ddress: Complete AD	DD name: Comple		me: Give record name
This Change affects Debtor or Secured Party of record				or 7b, and item 7	to be delete	d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	Change - p	provide only one	name (6a or 66)			
GE. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Char	nge - provide only o	one name (7a or 7b) (use exact, fu	II name; do not omit, r	nodify, or abbreviate any part	of the Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box: Indicate collateral:		collateral SIGN COLLATERAL (DELETE collateral only if the assignee's power to amend		covered collateral certain collateral and describe t	ASSIGN* collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE International If this is an Amendment authorized by a DEBTOR, check here and and an armonal authorized by a DEBTOR.		NDMENT: Pr ame of authorizi		9b) (name of Ass	signor, if this is an Assiç	gnment)
9a. ORGANIZATION'S NAME Wells Fargo Bank, National Association	- ′ · · · · · · · · · · · · · · · · · · 		•			
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Spartar 99406694 0046361/75704	n Missou	la Real Estat	e, LLC			
00,00001						

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS						
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as ite	em 1a on Amend	lment form				
_	34197 12/20/2019 SS OR NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same						
	12a. ORGANIZATION'S NAME						
	Wells Fargo Bank, National Association						
	•						
OR	: 12b. INDIVIDUAL'S SURNAME						
	:						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(SYINITIAL(S)			UFFIX			
			ľ	OFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
13.	Name of DEBTOR on related financing statement (Name of a c	urrent Debtor of	record required	for indexing	purposes only in son	ne filing offices - see Instruction item	
1	one Debtor name (13a or 13b) (use exact, full name; do not on 13a. ORGANIZATION'S NAME	nit, modify, or ab	breviate any pa	rt of the Debto	or's name); see Instr	uctions if name does not fit	
	Spartan Missoula Real Estate, LLC						
OR	13b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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14.	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITE	M 8 (Collateral)	OR	OTHER INFOR	MATION (Please Describe)	
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15.	This FINANCING STATEMENT AMENDMENT:	. 53		1	on of real estate:		
16. i	covers timber to be cut covers as-extracted collatera Name and address of a RECORD OWNER of real estate descri		s a fixture filing	See At	tached		
(if Debtor does not have a record interest):						
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	f						
	•						•
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10	MISCELLANEOUS: 99406694-OR-0 11478 - WELLS FARGO AUTO	Walls	arno Bank Nation	al Association	File with: Secretary of S	State, OR 0046361/75704	···
18.	MIDCELLANEONO: 33400034-01/40 - 11410 - METER LANGO MOTO	WGIIS F	orgo Daria, Nadion	a, nasociation	, mail. occitiony of c	, 511 0040001113104	