FILED: JUL 05, 2024 04:12 PM OREGON SECRETARY OF STATE



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UCC FINANCING STATEMENT AMENDMENT

FOL	LOW INSTRUCTIONS		1				
	NAME & PHONE OF CONTACT AT SUBMITTER (optional me: Wolters Kluwer Lien Solutions Phone: 800-331		18-662-4141				
В. Е	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						•
C. 8	SEND ACKNOWLEDGMENT TO: (Name and Address)	1478 - WELL	S FARGO				
١	Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99616 OROR					
1	File with: Secretary of State, OR	FIXTUF	RE				
L	SEE BELOW FOR SECURED PARTY CONTAC	T INFORMA				OR FILING OFFICE US	
	NITIAL FINANCING STATEMENT FILE NUMBER 34200 12/20/2019 SS OR		1	This FINANCING STA (or recorded) in the RE Filer: attach Amendment	EAL ESTATE		•
2.	TERMINATION: Effectiveness of the Financing Statement ide Statement	entified above is	terminated with r	espect to the security interes	t(s) of Secur	ed Party authorizing this Te	ermination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 <u>and</u> also indi			gnee in item 7c and name o	f Assignor in	item 9	<u> </u>
4. [CONTINUATION: Effectiveness of the Financing Statement in continued for the additional period provided by applicable law		with respect to the	e security interest(s) of Secur	ed Party au	horizing this Continuation S	Statement is
5. 🛭	PARTY INFORMATION CHANGE:						
C	neck one of these two boxes:		of these three boxes		omo: Compl	ata itam DELETE assess	Cive record
T	is Change affects Debtor or Secured Party of record	item 6a	SE name and/or add or 6b; <u>and</u> item 7a	or 7b <u>and</u> item 7c 7a or 7	ame: Compl b, <u>and</u> item	c be deleted in	Give record name item 6a or 6b
6. CL	URRENT RECORD INFORMATION: Complete for Party Information	ation Change - I	provide only <u>one</u> r	ame (6a or 6b)			·
	6a. ORGANIZATION'S NAME Wells Fargo Bank, National Association						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	LADDITIO	MAL MANAGONIMITAN (C)	Louiseix
	6B. INDIVIDUAL 5 SURNAME		FIRST PERSONAL	NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	TANCED OD ADDED INCODMATION OF THE CO.						
7. CI	HANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a, ORGANIZATION'S NAME	arty Information Cha	nge - provide only on	name (7a or 7b) (use exact, full nar	ne; do not omit,	modify, or abbreviate any part of th	e Debtor's name)
.	Wells Fargo Bank, National Association						
OR	7b. INDIVIDUAL'S SURNAME						
							•
ı	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. N	MAILING ADDRESS		CITY	•	STATE	POSTAL CODE	COUNTRY
80	9 W 4 1/2 St, Floor 04 MAC D4002-045		Winston Sale	m	NC	27101	USA
8.	COLLATERAL CHANGE: Check only one box:	ADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collatera
	Indicate collateral:	*Check AS	SIGN COLLATERAL only	if the assignee's power to amend the re	ecord is limited to	certain collateral and describe the co	tateral in Section 8
	•						
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZI	NG THIS AME	NDMENT: Prov	ide only <u>one</u> name (9a or 9b)	(name of As	signor, if this is an Assignme	ent)
lf	this is an Amendment authorized by a DEBTOR, check here	and provide n	ame of authorizing	Debtor			
	9a. ORGANIZATION'S NAME						
OR	Wells Fargo Bank, National Association		L SIDOT DEDOC	NIALAS	LABORE	NAL MARKETONICATION	Teureis
-''	9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Spartan Missoula Real Estate, LLC

0046361/75704

99616958

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 92134200 12/20/2019 SS OR 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Wells Fargo Bank, National Association OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 Spartan Missoula Real Estate, LLC OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe) 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 See Attached 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Wells Fargo Bank, National Association File with: Secretary of State, OR

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

0046361/75704.

18. MISCELLANEOUS: 99616958-OR-0 11478 - WELLS FARGO AUTO