FILED: JAN 02, 2025 01:31 PM
OREGON SECRETARY OF STATE

UCC FINANCING STATEMENT AMENDMENT

FOL	LOW INSTRUCTIONS						
A. Na	NAME & PHONE OF CONTACT AT SUBMITTER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331-3282	2 Fax: 81	8-662-4141				
В. Е	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com		· · · ·				
C. 5	SEND ACKNOWLEDGMENT TO: (Name and Address) 52145	- AUTO	MOTIVE	1			
٢	Lien Solutions 10	02271	1501				
	P.O. Box 29071 Glendale, CA 91209-9071 OR	ROR					
L	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFO	ORMAT	ION	THE ABOVE SP	ACE IS F	OR FILING OFFICE LI	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 535507 12/12/2000 SS OR				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Ib. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS			
2. [TERMINATION: Effectiveness of the Financing Statement identified Statement	above is t	terminated with	Filer: attach Amendment A	ddendum (Fo	rm UCC3Ad) and provide Deb	
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate aff	or 7b, <u>and</u> fected coll	d address of Ass lateral in item 8	signee in item 7c and name of	Assignor in	item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above w	vith respect to th	e security interest(s) of Secure	d Party aut	horizing this Continuation	Statement is
5. 🗵	PARTY INFORMATION CHANGE:						· .
	neck one of these two boxes: AND Che is Change affects Debtor or Secured Party of record	_ CHANGE	these three boxe	dress: Complete ADD na	me: Comple	ete itemDELETE name	: Give record name
_	IRRENT RECORD INFORMATION: Complete for Party Information Cl				o, <u>and</u> item 7	to be deleted in	item 6a or 6b
	6a. ORGANIZATION'S NAME						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	mation Chang	ge - provide only <u>on</u>	e name (7a or 7b) (use exact, full nam	e; do not omit,	modify, or abbreviate any part of t	he Debtor's name)
	7a. ORGANIZATION'S NAME AUTOBEST MOTORS						
OR -	INDIVIDUAL'S SURNAME .						
-	INDIVIDUAL'S FIRST PERSONAL NAME						
	•						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u>-</u>		SUFFIX
7c. M	AILING ADDRESS	[CITY		STATE	POSTAL CODE	COUNTRY
136	600 SE MCLOUGHLIN BLVD		MILWAUKIE		OR	97222	USA
3.	COLLATERAL CHANGE: Check only one box:		collateral	_		covered collateral	ASSIGN* collateral
	Indicate collateral:	*Check ASSI	GN COLLATERAL on	y if the assignee's power to amend the rec	ord is fimited to	certain collateral and describe the c	ollateral in Section 8
). NA	ME OF SECURED PARTY OF RECORD AUTHORIZING TH	IIS AMEN	IDMENT: Prov	ride only one name (9a or 9b) (name of Ass	signor, if this is an Assignm	ent)
If ti	his is an Amendment authorized by a DEBTOR, check here and p		ne of authorizing				
	9a. ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION						
OR	9b. INDIVIDUAL'S SURNAME	F	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
	PTIONAL FILER REFERENCE DATA: Debtor Name: TAPPOU	INIL DAG	UAD M		1	<u></u>	
	PHONAL FILER REFERENCE DATA: Debtor Name: TAPPOU	INI, BAS	HAK M			IC ALITO REST MO	TORS

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 535507 12/12/2000 SS OR 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME **AUTOMOTIVE FINANCE CORPORATION** 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 OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) **TAPPOUNI BASHAR** 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☐ ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe) 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

18. MISCELLANEOUS: 102271501-OR-0 52145 - AUTOMOTIVE FINANCE C AUTOMOTIVE FINANCE File with: Secretary of State, OR 101021 JG AUTO BEST MOTORS