

FILED: MAR 18, 2025 12:30 PM OREGON SECRETARY OF STATE

UCC

LIEN NO 512638-6

UCC FINANCING STATEMENT AMENDMENT

FOI	LOW INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				7				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				1				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 16915 - U. S. BANK				1	,		•	
[Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	103307967 OROR						
١,	Gleffdale, GA 31203-3071	ONON	,					
l	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTA	CT INFORMA	TION	THE ABOVE	SPACE IS FO	OR FILING OFFICE U	ISE ONLY	
				b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS				
_	TERMINATION: Effectiveness of the Financing Statement i	dentified above i	s terminated with	Filer: attach Amendm	епt Addendum (Fo	m UCC3Ad) and provide Del		
	Statement						o,,,,,,,	
3	ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also in				e of Assignor in	item 9		
4. 🛭	CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable la	t identified above aw	with respect to the	he security interest(s) of Se	ecured Party aut	norizing this Continuation	Statement is	
5. [PARTY INFORMATION CHANGE:	4415 01 - 1				·	,	
	heck <u>one</u> of these two boxes: his Change affects Debtor or Secured Party of record	CHAN	of these three box GE name and/or ac a or 6b; and item 7	ddress: CompleteAD	D name: Comple or 7b, and item 7		e: Give record name in item 6a or 6b	
	URRENT RECORD INFORMATION: Complete for Party Inform				or 70, and kem 7	c to be deleted i	intern da or do	
	6a. ORGANIZATION'S NAME	-						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	IL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Ch	ange - provide only o	ne name (7a or 7b) (use exact, fu	fl name; do not omit,	nodify, or abbreviate any part of	the Debtor's name)	
	7a. ORGANIZATION'S NAME		<u></u>				<u> </u>	
OR	7b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u>-</u>				SUFFIX	
	MOVIDORE O ADDITIONAL PARIETO JUNIO PARIETO PARIETO JUNIO PARIETO				•		301712	
7c. l	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
8.	COLLATERAL CHANGE: Check only one box:	ADD	O collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collateral	
	Indicate collateral:	*Check AS	SSIGN COLLATERAL O	nty if the assignee's power to amend	the record is limited to	certain collateral and describe the	collateral in Section 8	
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZ	ZING THIS AME	ENDMENT: Pro	ovide only <u>one</u> name (9a or	9b) (name of As	signor, if this is an Assigni	ment)	
lf	this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME	and provide r	name of authorizin	g Debtor	-			
	U.S. BANK NATIONAL ASSOCIATION			·				
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
10. 0	DPTIONAL FILER REFERENCE DATA: Debtor Name: M	ICCULLER AS	SSOCIATES L	IMITED PARTNERS	-IIP	T		
103307967 3002020286						MCCULLER ASSOCIATES LP		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 512638 5/17/2000 SS OR 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION 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 MCCULLER ASSOCIATES LIMITED PARTNERSHIP 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 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: 103307967-OR-0 16915 - U. S. BANK LENDING S

U.S. BANK NATIONAL ASSOCIATION File with: Secretary of State, OR

3002020286 MCCULLER ASSOCIATES LP