LICC FINANCING STATEMENT AMENDMENT

FOL	LOW INSTRUCTIONS	•					
	NAME & PHONE OF CONTACT AT FILER (optional) (800) 826-5256 UCC Division]				
•	E-MAIL CONTACT AT FILER (optional)						
	ucc@ncscredit.com OR SOS		j			10, 2021 04:02 PM	
Ç.	SEND ACKNOWLEDGMENT TO: (Name and Address)		,	OREGO	N SECI	RETARY OF STATE	_
	NCS UCC Services Group FO Box 24101 Cleveland, OH 44124 USA (800) 826-5256	٦	исс	LIE	N NO. 57	77519-11	
Ľ			THE A	BOVE SPAC	E IS FO	R FILING OFFICE USI	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 17519 02/05/2002	-	(or recorded)	in the REAL B	STATE F	NDMENT is to be filed (fileCORDS) THE CORDS TO STORE DESCRIPTION OF THE PROPERTY OF THE PROPER	•
2. [TERMINATION: Effectiveness of the Financing Statement identified above Statement	re is terminated v	vith respect to the sec	ourity Interest	(6) හේ පිමර	ured Party authorizing th	ls Termination
3. [ASSIGNMENT (full or partial). Provide name of Assignee in item 7s or 7 For partial assignment, complete items 7 and 9 and also indicate affected of			and name of	Assignor	ın nem 9	
4, 1	CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	ove with respect	to the security intere	st(s) of Secu	rod Party	authorizing this Continue	ition Statement is
S. [PARTY INFORMATION CHANGE:						
c	DECK ONE OF INERE INVOIDAGES.	g of these three b	oxes to: address; Complete	ADD name	. Complet	a tom her enter	: Give record name
	his Change affects Debtor of Secured Party of record Litem 5	a or 6h; <u>and</u> item	a or 75 and item 7c	7a or 7b. a	nd Item 70	to be deleted i	n item 6a or 6b
	CURRENT RECORD INFORMATION: Complete for Party Information Chan	ge · provide only	one name (6a or 6b)			**************************************	······································
ÇR,	86 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. 0	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	lion Change - provide	only one name (7% of 7b) (u	ise exact, full nam	e, do not on	il, modify, or abbreviate any par	i of the Deblor's name)
	7a. ORGANIZATION'S NAME						
OR	76. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
76.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	-			,			
8. [COLLATERAL CHANGE: Also chask sine of these four boxes: ADI Indicate collateral:	O collateral	DELETE collaters	al RE	ESTATE C	overed collateral	ASSIGN collateral
H	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AT this is an Amendment authorized by a DEBTOR, check here and provide the ORGANIZATION'S NAME.			(8a or 8b) (na	ime of Ass	agnor, if this is an Assigni	nent)
	Specialized Bicycle Components, Inc.						
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		IOITICOA	VAL NAME(S)/INITIAL(S)	SUFFIX
	optional filer reference data: C# U038487 Oregon Bicycle Sports, In	c. Ref#	2867/3596/	2878			<u>'</u>