



DOUGLAS COUNTY, NV

Rec:\$60.00

STATE

RESTATE covered collateral

POSTAL CODE

2016-889647

10/26/2016 10:48 AM

Pgs=2

Total:\$60.00 CT LIEN SOLUTIONS



KAREN ELLISON, RECORDER

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

7a. ORGANIZATION'S NAME

7b. INDIVIDUAL'S SURNAME

7c. MAILING ADDRESS

Indicate collateral:

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)

8. COLLATERAL CHANGE: Also check one of these four boxes:

OR

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141				
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14413 - UMPQUA BANK -			
CT Lien Solutions P.O. Box 29071	56210894			
Glendale, CA 91209-9071	NVNV			
	FIXTURE			
File with: Douglas, NV				

CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	56210894 NVNV FIXTURE		7/
File with: Douglas, N	$_{v}$	THE ABOVE SPACE IS FOR FI	LING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 826632 7/5/2013 CC NV Douglas		This FINANCING STATEMENT AMENDM (or recorded) in the REAL ESTATE RECC Filer: attach Amendment Addendum (Form UCC	ORDS
TERMINATION: Effectiveness of the Financing Statement	atement identified above is terminated with	respect to the security interest(s) of Secured Par	ty authorizing this Termination
ASSIGNMENT (full or partial): Provide name of As For partial assignment, complete items 7 and 9 and		signee in item 7c <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by approximate the second secon		e security interest(s) of Secured Party authorizing	g this Continuation Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of	AND Check one of these three boxe CHANGE name and/or act frecord item 6a or 6b; and item 7a	Idress: Complete ADD name: Complete item	n DELETE name: Give record name to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Pa	arty Information Change - provide only one	name (6a or 6b)	
6a. ORGANIZATION'S NAME Holbrooke Station, LLC			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	_ NAME ADDITIONAL NA	AME(S)INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

CITY

ADD collateral

		/				
9. N	NAME OF SECURED PARTY OF RECORD AUTHO	ORIZING THIS AMENDMENT: Provide only one n	name (9a or 9b) (name of Assignor, if this is an Assignm	nent)		
lf	this is an Amendment authorized by a DEBTOR, check her	and provide name of authorizing Debtor				
	9a. ORGANIZATION'S NAME					
	Umpqua Bank					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
10.	OPTIONAL FILER REFERENCE DATA: Debtor Name	: Holbrooke Station, LLC				
562	210894 PAYOFF		880000047			

DELETE collateral

SUFFIX

COUNTRY

ASSIGN collateral

	CC FINANCING STATEMENT AMEN LOW INSTRUCTIONS	DMENT ADDENDUM	Л	^	
11. 1	NITIAL FINANCING STATEMENT FILE NUMBER: Same as ite	em 1a on Amendment form			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendment form		\ \	
	12a. ORGANIZATION'S NAME Umpqua Bank			\ \	
				\ \	
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYINITIAL(S)	SUFFI	***************************************	E SPACE IS FOR FILING OFFICE US	SE ONLY
13.	Name of DEBTOR on related financing statement (Name of a cone Debtor name (13a or 13b) (use exact, full name; do not or		indexing purposes only in s	ome filing offices - see Instruction iten	The state of the s
	13a. ORGANIZATION'S NAME Holbrooke Station, LLC	< <			
OR	•	FIRST PERSONAL N	IAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Det Hol Sec Um	ADDITIONAL SPACE FOR ITEM 8 (Collateral): otor Name and Address: brooke Station, LLC - 1501 US Hwy 395, Gardnery cured Party Name and Address: pqua Bank - PO Box 1820, Roseburg, OR 97470 This FINANCING STATEMENT AMENDMENT:	17.	Description of real estate:		
	covers timber to be cut covers as-extracted collatera Name and address of a RECORD OWNER of real estate description of the control of the co	H	WY 395, GARI	395 AND 1480 & 15 ONERVILLE, NEVAD	
18.	MISCELLANEOUS: 56210894-NV-5 14413 - UMPQUA BANK - COM	MMER Umpqua Bank	File with: Douglas, N	V PAYOFF 880000047	