

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Christopher Fontes 404-684-8062</b>                                      |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>cfontes@apcu.com</b>                                                              |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>ATLANTA POSTAL CREDIT UNION<br/>1605 BOGGS RD<br/>DULUTH GA 30096</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                  |                                                                                                                                                                                                                                           |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>2015000436</b> | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: ☐ Debtor or ☐ Secured Party of record **AND** Check one of these three boxes to:  
☐ CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                                                              |                     |                               |        |
|--------------------------------------------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME<br><b>USPS North Bonneville, LLC</b> |                     |                               |        |
| OR 6b. INDIVIDUAL'S SURNAME                                  | FIRST PERSONAL NAME | ADDITIONAL NAME(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)

|                                            |  |  |        |
|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME                    |  |  |        |
| OR 7b. INDIVIDUAL'S SURNAME                |  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☒ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                               |                     |                               |        |
|---------------------------------------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>ATLANTA POSTAL CREDIT UNION</b> |                     |                               |        |
| OR 9b. INDIVIDUAL'S SURNAME                                   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA:**

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

**2015000436**

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

**ATLANTA POSTAL CREDIT UNION**

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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

**USPS North Bonneville, LLC**

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

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):

17. Description of real estate:

**Lot C-23, Plat of Relocated North Bonneville-CBD, Sheet 8 of 10 Sheets, recorded in Book "B" of Plats, page 144, Auditor's file No. 83466, also recorded in Book "B" of Plats, Page 30, Auditor's File No. 84429, Records of Skamania, State of Washington.****Tax Account #: 02-07-20-1-3-4200-00**

18. MISCELLANEOUS: