201911180173

11/18/2019 03:20 PM Pages: 1 of 2 Fees: \$104.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMEN	DMENT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Nick Barzellone 405-236-0003 B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
McCoy & Orta, P.C.	٦			
100 North Broadway, 26th Floor		•		
Oklahoma City, OK 73102				
	_] [THE ABOVE SPAC	CE IS FOR FILING OFFICE USE (או ע
1a. INITIAL FINANCING STATEMENT FILE NUMBER # 201909050042 filed 9/5/19	1	b. This FINANCING STATEM (or recorded) in the REAL	ENT AMENDMENT is to be filed [for	record]
 TERMINATION: Effectiveness of the Financing Statement Statement 	dentified above is terminated wi	th respect to the security interest	L(s) of Secured Party authorizing this	Termination
ASSIGNMENT (till) or partial): Provide name of Assignee if For partial assignment, complete items 7 and 9 and also indicate.	n item 7a or 7b, <u>and</u> address of ate affected collateral in item 8	Assignee in ilem 7c <u>and</u> name of	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	nt identified above with respect t	o the security interest(s) of Secu	red Party authorizing this Continuation	n Statement is
DE PARTY INFORMATION CHANGE:	AIG Cheek are of these three has			
Check one of these two boxes: This Change affects Debtor or Secured Party of record	ND Check one of these three both CHANGE name and/or action 6a or 6b, and item 7a	idress: Complete ADD name	e: Complete item DELETE name; and item 7c DELETE name;	Give record nam
CURRENT RECORD INFORMATION: Complete for Party Inf 6a. ORGANIZATION'S NAME				
DR 66. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		1		}
	t or Party Information Change - provide o	nly <u>one</u> name (7g or 7b) (use exact, full nar	ne; do not omit, modify, or abbreviate any part o	the Debtor's name
78. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE*	t or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nar	ne, do not omit, modify, or abbreviate any part o	the Debtor's name
78. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE*	t or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nam	ne, do not omit, modify, or abbreviate any part o	the Debtor's name
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE*	t or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nar	ne, do not omit, modify, or abbreviate any part o	fthe Debtor's name
79. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	t or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not omit, modify, or abbreviate any part o	
73. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 75. INDIVIDUAL'S SURNAME	t or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nam	na; do not omit. modify, or abbreviate any part o	(the Debtor's name)
7% ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 6. MAILING ADDRESS	CITY	nly <u>one</u> name (7a or 7b) (use exact, full Aar	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI.	CITY New York		STATE POSTAL CODE NY 10013	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY New York		STATE POSTAL CODE NY 10013	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI. 3. COLLATERAL CHANGE: Also check one of these four bot Indicate collateral: 7 FOR THE REGISTERED HOLDERS OF W	CITY New York Tes: ADD collateral VELLS FARGO COM	DELETE collateral R	STATE POSTAL CODE NY 10013 ESTATE covered collateral	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI. 8. COLLATERAL CHANGE: Also check one of these four both Indicate collateral: FOR THE REGISTERED HOLDERS OF WINDLY MORTGAGE PASS-THROU	New York ADD collateral FELLS FARGO COM GH CERTIFICATES,	DELETE collateral R MERCIAL MORTGAG SERIES 2019-KS13	STATE POSTAL CODE NY 10013 ESTATE covered collateral GE SECURITIES, INC.,	COUNTRY USA ASSIGN collater
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI. 8. COLLATERAL CHANGE: Also check one of these four both Indicate collateral: 1 FOR THE REGISTERED HOLDERS OF WOULTIFAMILY MORTGAGE PASS-THROUTFIELD FOR THE REGISTERED HOLDERS OF WOULTIFAMILY MORTGAGE PASS-THROUTFIELD MACCOMPONENT LOAN Numbers: 49 Component B FL)	New York ADD collateral FELLS FARGO COM GH CERTIFICATES, 9676637 (Project Sin	DELETE collateral R MERCIAL MORTGAG SERIES 2019-KS13	STATE POSTAL CODE NY 10013 ESTATE covered collateral GE SECURITIES, INC.,	COUNTRY USA ASSIGN collater
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI. 8. COLLATERAL CHANGE: Also check one of these four bounded to collateral: 7 FOR THE REGISTERED HOLDERS OF WOULTIFAMILY MORTGAGE PASS-THROUTERED MAIL OF THE COMPONENT STREET ST	New York ADD collateral FELLS FARGO COM GH CERTIFICATES, 9676637 (Project Sin 7: 499642244 ZING THIS AMENDMENT: P	DELETE collateral R MERCIAL MORTGAG , SERIES 2019-KS13 nba Component A FL rovide only one name (9a or 9b) (n	STATE POSTAL CODE NY 10013 ESTATE covered collateral GE SECURITIES, INC.,) and 499676645 (Project	COUNTRY USA ASSIGN collater
7a. ORGANIZATION'S NAME CITIBANK, N.A., AS TRUSTEE* 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 388 Greenwich Street, 14th FI. 8. COLLATERAL CHANGE: Also check one of these four bo: Indicate collateral: 7 FOR THE REGISTERED HOLDERS OF WMULTIFAMILY MORTGAGE PASS-THROU Freddie Mac Component Loan Numbers: 49 Component B FL) Freddie Mac Property-Specific Loan Numbe 9. NAME OF SECURED PARTY OF RECORD AUTHORI: If this is an Amendment authorized by a DEBTOR, check here 99. ORGANIZATION'S NAME	CITY New York ADD collateral FELLS FARGO COM GH CERTIFICATES, 9676637 (Project Sin 1: 499642244 EING THIS AMENDMENT: Pand provide name of authorizin	DELETE collateral R MERCIAL MORTGAG , SERIES 2019-KS13 nba Component A FL rovide only one name (9a or 9b) (n	STATE POSTAL CODE NY 10013 ESTATE covered collateral GE SECURITIES, INC.,) and 499676645 (Project	COUNTRY USA ASSIGN collater
CITIBANK, N.A., AS TRUSTEE* 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 76. MAILING ADDRESS 388 Greenwich Street, 14th FI. 8. COLLATERAL CHANGE: Also check one of these four book indicate collateral: * FOR THE REGISTERED HOLDERS OF WMULTIFAMILY MORTGAGE PASS-THROUTH MULTIFAMILY MORTGAGE PASS-THROUTH MILLIAM MORTGAGE PASS-THROUTH M	CITY New York ADD collateral FELLS FARGO COM GH CERTIFICATES, 9676637 (Project Sin 1: 499642244 EING THIS AMENDMENT: Pand provide name of authorizin	DELETE collateral R MERCIAL MORTGAG SERIES 2019-KS13 nba Component A FL rovide only one name (9a or 9b) (n	STATE POSTAL CODE NY 10013 ESTATE covered collateral GE SECURITIES, INC.,) and 499676645 (Project	COUNTRY USA ASSIGN collaters

I. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a 201909050042 filed 9/5/19				
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as iter	m 9 on Amendment form			
12a. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPOR	RATION			
	i			
R 126. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE AROVE SPAC	CE IS FOR FILING OFFICE	USE ONLY
3. Name of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or 13a. ORGANIZATION'S NAME		ng purposes only in some fi	iling offices - see Instruction item	
KRE TIGER AG - MOUNT VERNON LLC				
R 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
5. This FINANCING STATEMENT AMENDMENT:		on of real estate:		
covers timber to be cut covers as-extracted collateral is	filed as a fixture filling Abbrev	iated Legal Desci SHIP 34 NORTH,	ription: SECTION 15 , RANGE 4 EAST, W	, /.M.; PTN
covers timber to be cut covers as-extracted collaterat is is 6. Name and address of a RECORD OWNER of real estate described in item 1	fited as a fixture fiting Abbrev TOWN SW 1/4 APN: F	iated Legal Desci SHIP 34 NORTH, NW 1/4	ription: SECTION 15 , RANGE 4 EAST, W 0-022-0003; P115534	/.M.; PTN
6. Name and address of a RECORD OWNER of real estate described in item 1	fited as a fixture fiting Abbrev TOWN SW 1/4 APN: F	iated Legal Desci SHIP 34 NORTH, NW 1/4 24800, 340415-0	, RANGE 4 EAST, W	/.M.; PTN

UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM