NAME & PHONE OF CONTACT AT FILER (optional)				
E-MAIL CONTACT AT FILER (optional)				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
	ר			
			E IS FOR FILING OFFICE USE	
INITIAL FINANCING STATEMENT FILE NUMBER 202101120035 filed 1/12/2021	1b	This FINANCING STATEME	NT AMENDMENT is to be filed [for STATE RECORDS	record]
TERMINATION: Effectiveness of the Financing Statement	t identified above is terminated with		idum (Form UCC3Ad) and provide Debt s) of Secured Party authorizing this	
ASSIGNMENT (full or <b>partial)</b> : Provide name of Assig or partial assignment, complete items 7 and 9 and also indic	gnee in item 7a or 7b; and address cate affected collateral in item 8	of Assignee in item 7c and name	e of Assignor in item 9 F	
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable la		the security interest(s) of Secur	ed Party authorizing this Continuati	on Statement is
PARTY INFORMATION CHANGE:	AND Check one of these three how	se to:		
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record	AND Check one of these three boxe CHANGE name and/or add item 6a or 6b; and item 7a		Complete item DELETE name:	Give record name item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S SURNAME		NAME 1	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
DD. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME		BOFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignme 7a. ORGANIZATION'S NAME CORPORATE SOLUTIONS LIFE REIN			e; do not omit, modify, or abbreviate any part of	of the Debtor's name)
7a, ORGANIZATION'S NAME			; do noi omil, modify, or abbreviate any part o	of the Deblor's name)
7a. ORGANIZATION'S NAME CORPORATE SOLUTIONS LIFE REIN 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			; do not omit, modify, or abbreviate any part o	
7a. ORGANIZATION'S NAME CORPORATE SOLUTIONS LIFE REIN 7b. INDIVIDUAL'S SURNAME			; do noi omil, modify, or abbreviate any part o	of the Deblor's name)
7a. ORGANIZATION'S NAME CORPORATE SOLUTIONS LIFE REIN 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS		Y	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME         CORPORATE SOLUTIONS LIFE REIN         7b. INDIVIDUAL'S SURNAME         INDIVIDUAL'S FIRST PERSONAL NAME         INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)         MAILING ADDRESS         Apollo Insurance Solutions Group LP, 2121 Rosecra         COLLATERAL CHANGE:	ISURANCE COMPAN	Y DO	STATE POSTAL CODE CA 90245	SUFFIX
7a. ORGANIZATION'S NAME CORPORATE SOLUTIONS LIFE REIN 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS Apollo Insurance Solutions Group LP, 2121 Rosecra	ISURANCE COMPAN	Y DO	STATE POSTAL CODE CA 90245	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME         CORPORATE SOLUTIONS LIFE REIN         7b. INDIVIDUAL'S SURNAME         INDIVIDUAL'S FIRST PERSONAL NAME         INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)         MAILING ADDRESS         Apollo Insurance Solutions Group LP, 2121 Rosecra         COLLATERAL CHANGE:         Also check one of these four booms         Indicate collateral:         NAME OF SECURED PARTY OF RECORD AUTHORI         fthis is an Amendment authorized by a DEBTOR, check here         9a. ORGANIZATION'S NAME	ISURANCE COMPAN	Y DO DELETE collateral RE	STATE POSTAL CODE CA 90245 STATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral
7a. ORGANIZATION'S NAME         CORPORATE SOLUTIONS LIFE REIN         7b. INDIVIDUAL'S SURNAME         INDIVIDUAL'S FIRST PERSONAL NAME         INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)         MAILING ADDRESS         Apollo Insurance Solutions Group LP, 2121 Rosecra         COLLATERAL CHANGE:         Also check one of these four booms         Indicate collateral:	ISURANCE COMPAN	Y DO DELETE collateral RE vide only <u>one</u> name (9a or 9b) (na Debtor	STATE POSTAL CODE CA 90245 STATE covered collateral	SUFFIX COUNTRY USA ASSIGN collateral
7a. ORGANIZATION'S NAME         CORPORATE SOLUTIONS LIFE REIN         7b. INDIVIDUAL'S SURNAME         INDIVIDUAL'S FIRST PERSONAL NAME         INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)         MAILING ADDRESS         Apollo Insurance Solutions Group LP, 2121 Rosecra         COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boom indicate collateral:         NAME OF SECURED PARTY OF RECORD AUTHORI         titble is an Amendment authorized by a DEBTOR, check here [9a. ORGANIZATION'S NAME         Venerable Insurance and Annuity Comparison	ISURANCE COMPAN         ISURANCE COMPANIES         ISURA	Y DO DELETE collateral RE vide only <u>one</u> name (9a or 9b) (na Debtor	STATE POSTAL CODE CA 90245 STATE covered collateral me of Assignor, if this is an Assignment	SUFFIX COUNTRY USA ASSIGN collateral

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

Г	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendme	ent form			
	12a, ORGANIZATION'S NAME				
	Venerable Insurance and Annuity Company, as assignee to Midland National Life Insu	rance Company			
R	12b. INDIVIDUAL'S SURNAME				х.
		aning sana dini padak			
	FIRST PERSONAL NAME				
ľ	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		SPACE IS FOR FILING OFFIC	
\$	Name of DEBTOR on related financing statement (Name of a current Debtor of record one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any p	I required for index art of the Debtor's	ing purposes only in se	ome filing offices - see instruction i	
	13a. ORGANIZATION'S NAME NNN OPP OWNER VII, LLC				
		RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
4	ADDITIONAL SPACE FOR ITEM 8 (Collateral):		akana mana kana ana kata kana tata kana kana ka		
.т Г	This FINANCING STATEMENT AMENDMENT:		on of real estate:		
[ 3. N	This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture file vame and address of a RECORD OWNER of real estate described in item 17 if Debtor does not have a record interest):	ling	iated Legal: L	ots 1 and 12, Burlingto	n North
[ 3. N	covers timber to be cut □ covers as-extracted collateral ☑ is filed as a fixture fi Name and address of a RECORD OWNER of real estate described in litem 17	Abbrev Market Propert Skagit (	iated Legal: Lo place y Location: 75	57 Haggen Drive, Burk	

International Association of Commercial Administrators (IACA) FILING OFFICE COPY --- UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

## EXHIBIT A

## (Description of Land)

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

PARCEL A:

LOTS 1 AND 12, INCLUSIVE OF "BURLINGTON NORTH MARKETPLACE BINDING SITE PLAN" AS PER SURVEY APPROVED OCTOBER 11, 2016 AND RECORDED OCTOBER 14, 2016 AS SKAGIT COUNTY AUDITOR'S FILE NO. 201610140005; BEING PORTIONS OF GOVERNMENT LOT 1 OF SECTION 6, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

## PARCEL B:

EASEMENTS FOR INGRESS, EGRESS, UTILITIES AND PARKING AS SET FORTH IN THAT CERTAIN RECIPROCAL EASEMENT AGREEMENT, RECORDED JULY 16, 2002 UNDER SKAGIT COUNTY AUDITOR'S NO. 200207160094, AS AMENDED BY DOCUMENTS RECORDED IN AUDITOR'S FILES 200410250183, 200608220088 AND 200807240092.

Assessor's Property Tax Parcel Number or Account Number: P133470 and P133481