

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Dentons US LLP  
1221 Avenue of the Americas  
New York, NY 10020  
Attention: David Hall, Esq.

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
202101120040 filed 1/12/2021

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 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(y)(ies) authorizing this Termination Statement

3.  ASSIGNMENT: 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; check ASSIGN Collateral box in item 8 and describe the 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  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

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: Check only one box:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN\* collateral  
Indicate collateral: \*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

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  
ATHENE ANNUITY AND LIFE COMPANY

OR

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:  
To be filed in Skagit County, WA Haggen VI (7100016) Mass Mutual to AAIA

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as Item 1a on Amendment form  
**202101120040 filed 1/12/2021**

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

12a. ORGANIZATION'S NAME  
**ATHENE ANNUITY AND LIFE COMPANY**

OR 12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

**Print**

**Reset**

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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  
**NNN OPP OWNER VI, LLC**

OR 13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX):  ITEM 8 (Collateral) OR  OTHER INFORMATION (Please Describe)

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:

2601 East Division Street, Mount Vernon, Washington  
Skagit County  
Abbreviated Legal Description: Section 21, Township 34 North, Range 4 East W.M. Ptn. NW 1/4 (aka Lot 1 SP MV-5-98)

Assessor's Prop. Tax Parcel/Account No.:  
P27117/340421-2-001-0006

See Exhibit A attached hereto

18. MISCELLANEOUS:

**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:**

LOT 1 OF CITY OF MOUNT VERNON SHORT PLAT NO. MV-5-98, APPROVED AUGUST 30, 1999, AND RECORDED AUGUST 31, 1999, UNDER AUDITOR'S FILE NO. 199908310020, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

**PARCEL B:**

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR ACCESS AND UTILITY PURPOSES AS SET FORTH ON THE FACE OF SAID SHORT PLAT OVER, ACROSS AND UNDER A VARIABLE WIDTH NORTHWESTERLY PORTION OF LOT 2 OF SAID SHORT PLAT AS DELINEATED THEREON AND OVER, ACROSS AND UNDER A 60.5 FOOT WIDE PORTION OF LOT 3 OF SAID SHORT PLAT ADJOINING THE NORTHEASTERLY LINE OF LOT 1 OF SAID SHORT PLAT AS DELINEATED THEREON.

Assessor's Property Tax Parcel Number or Account Number: P27117/340421-2-001-0006