_	¢ .				
			037	2954735 22/2019 02:40 PM \$ ok - 10763 P9 - 60-6	
	C FINANCING STATEMENT AMENDME	NT	RA	SHELLE HO	BBS
A. N	IAME & PHONE OF CONTACT AT FILER (optional)  Fillary Nelson 3.13.2019 952-837-8702		1 NOR	THMARQ 10 AMERICAN BLUD W.	
	-MAIL CONTACT AT FILER (optional)		MIM	MEAPOLIS MN 55431	
	nelson@northmarq.com		BY:	NPP, DEPUTY - MA	2 P.
C. S	SEND ACKNOWLEDGMENT TO: (Name and Address)				
Γ	NorthMarq Capital 3500 American Blvd. West, Suite 500 Bloomington, MN 55431		3		
L	_		THE ABOVE SPACE	E IS FOR FILING OFFICE USE	ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER			NT AMENDMENT is to be filed [for	
1 1 7 2. \[	890720 Date: 08/01/2014 TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated w	Filer: attach Amendment Adden	dum (Form UCC3Ad) and provide Debte	
	Statement		· · · · · · · · · · · · · · · · · · ·	· ·	
3. ∟	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			Assignor in item 9	
4. 🗸	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Secure	ed Party authorizing this Continuati	on Statement is
5. [	PARTY INFORMATION CHANGE:		<del></del>		
	— CHA	one of these three bo ANGE name and/or a		Complete itemDELETE name:	Give record name
	is Change affects Debtor or Secured Party of record item URRENT RECORD INFORMATION: Complete for Party Information Ch	n 6a or 6b; and item 7	a or 7b <u>and</u> item 7c 7a or 7b, <u>an</u>	d item 7c to be deleted in	item 6a or 6b
	6a. ORGANIZATION'S NAME	ange - provide only	Me hame (oa or oo)		<u> </u>
ام	Boyer Airport Center III, L.C.				
	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		<b>I</b>		•	
	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME	mation Change - provide (	only <u>one</u> name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part o	f the Debtor's name)
آ م		mation Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part o	f the Debtor's name)
آ م	7a. ORGANIZATION'S NAME	mation Change - provide (	only <u>one</u> name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part o	of the Debtor's name)
آ م	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	mation Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part o	
آ م	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	mation Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full name	; do not omit, modify, or abbreviate any part o	of the Debtor's name)
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	mation Change - provide of		; do not omit, modify, or abbreviate any part of	
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS	CITY		STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS			STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
OR -	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
OR - 7c. N	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  AAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and providing and provi	CITY DD collateral	DELETE collateral REs	STATE POSTAL CODE	SUFFIX  COUNTRY  ASSIGN collatera
7c. M	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  AAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and provider of the collateral of the colla	CITY  DD collateral  AMENDMENT: Pename of authorizing	DELETE collateral REs	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN collateral
OR	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  AAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and providing and provi	CITY  DD collateral  AMENDMENT: Pename of authorizing	DELETE collateral RES	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN collateral

. INITIAL FINANCING STATEMENT FILE NUMBER: Sam 1890720 Date: 08/01/2014	ne as item 1a on Amendment form		
NAME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendment form		
Farm Bureau Life Insurance Com	pany of Michigan		
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
. Name of DEBTOR on related financing statement (Name one Debtor name (13a or 13b) (use exact, full name; do not omi			13): Provide
13a. ORGANIZATION'S NAME			
Boyer Airport Center III, L.C.	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
		f, filed in Book "2000P" of Plats, a	t Page 2
	, according to the official plat thereo	f, filed in Book "2000P" of Plats, a	t Page 2
	, according to the official plat thereo	f, filed in Book "2000P" of Plats, a	t Page 2
	, according to the official plat thereo	f, filed in Book "2000P" of Plats, a	t Page 2
ot 3, ONE AIRPORT CENTER PHASE 1, f the official Records of the Salt Lake Coun	, according to the official plat thereo	f, filed in Book "2000P" of Plats, a	t Page 2
	, according to the official plat thereo	f, filed in Book "2000P" of Plats, a	t Page 2
	, according to the official plat thereo		t Page 2
This FINANCING STATEMENT AMENDMENT:    covers timber to be cut   covers as-extracted collaters.   Name and address of a RECORD OWNER of real estate described.	according to the official plat thereonty Recorder.  17. Description of real  is filed as a fixture filing	al estate:	t Page 2
This FINANCING STATEMENT AMENDMENT:    covers timber to be cut   covers as-extracted collaters. Name and address of a RECORD OWNER of real estate describ (if Debtor does not have a record interest):	according to the official plat thereonty Recorder.  17. Description of report item 17  Boyer Airpo 1020 Flyer V	al estate: rt Center	t Page 2
This FINANCING STATEMENT AMENDMENT:    covers timber to be cut   covers as-extracted collaters.   Name and address of a RECORD OWNER of real estate described.	according to the official plat thereonty Recorder.  17. Description of respect to the item 17  Boyer Airpo 1020 Flyer V Salt Lake Ci	al estate: rt Center Vay ty, UT 84116	t Page 2
This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collatera. Name and address of a RECORD OWNER of real estate describ (if Debtor does not have a record interest):  oyer Airport Center III, L.C. D1 South 200 East, Suite 200	according to the official plat thereonty Recorder.  17. Description of report item 17  Boyer Airpo 1020 Flyer V	al estate: rt Center Vay ty, UT 84116	t Page 2
This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collatera. Name and address of a RECORD OWNER of real estate describ (if Debtor does not have a record interest):  oyer Airport Center III, L.C. D1 South 200 East, Suite 200	according to the official plat thereonty Recorder.  17. Description of respect to the item 17  Boyer Airpo 1020 Flyer V Salt Lake Ci	al estate: rt Center Vay ty, UT 84116	t Page 2
This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collatera. Name and address of a RECORD OWNER of real estate describ (if Debtor does not have a record interest):  oyer Airport Center III, L.C. D1 South 200 East, Suite 200	according to the official plat thereonty Recorder.  17. Description of respect to the item 17  Boyer Airpo 1020 Flyer V Salt Lake Ci	al estate: rt Center Vay ty, UT 84116	t Page 2

18. MISCELLANEOUS: