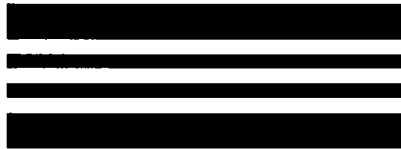


2



14248198 B: 11495 P: 7965 Total Pages: 2
06/04/2024 11:49 AM By: aallen Fees: \$40.00
Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: NORTHMARQ
3500 AMERICAN BLVD WEST SUITE 500 MINNEAPOLIS, MN 55431

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS



A NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Ashley Sievers 952-767-9592

B E-MAIL CONTACT AT SUBMITTER (optional)
asievers@northmarq.com

C SEND ACKNOWLEDGMENT TO (Name and Address)

Northmarq Capital
3500 American Blvd. W
Suite 500
Bloomington, MN 55431

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
11890720 Bk 10249 Pg 8994 filed 8/1/2014

1b This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL E-STATE 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 Part(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

AND Check one of these three boxes to

This Change affects Debtor or Secured Party of record 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
Boyer Airport Center III, L.C.

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
Farm Bureau Life Insurance Company of Michigan

OR

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

10 OPTIONAL FILER REFERENCE DATA
610017- Salt Lake County, UT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
 FOLLOW INSTRUCTIONS

| | |
|---|---|
| 11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 11890720 Bk 10249 Pg 8994 filed 8/1/2014 | |
| 12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form | |
| 12a ORGANIZATION'S NAME Farm Bureau Life Insurance Company of Michigan | |
| OR | 12b INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | |
|--|--------------------------|---------------------|---|
| 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 Boyer Airport Center III, L.C. | | | |
| 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)

Legal Description:

Lot 3, ONE AIRPORT CENTER PHASE 1, according to the official plat thereof, filed in Book "2000P" of Plats, at Page 206 of the official Records of the Salt Lake County Recorder.

| | |
|--|---|
| 15 This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing | 17 Description of real estate 1020 Flyer Way Salt Lake City, UT 84116 PIN 08-28-277-002-0000 |
| 16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest) Boyer Airport Center III, L.C. c/o The Boyer Company 101 South 200 East, Suite 200 Salt Lake City, UT 84111 | |

18 MISCELLANEOUS