			⊺5377:2014 effery Smith	PG 1 of 3
UCC FINANCING STATEMENT AMENI	U 20	ecorde 5.00 BY SS		
A. NAME & PHONE OF CONTACT AT FILER (optional) Barbara Basgall 405-236-0003		RE EL	CORDED FOR Anderson, McCo ECTRONICALLY RECORDED	y & Orta
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Anderson, McCoy & Orta PC				
100 North Broadway, Suite 2600				
Oklahoma City, OK 73102				
L				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	۱۶		CE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [fo	
102049:2013 11/1/13	ľ	(or recorded) in the REA	ESTATE RECORDS dendum (Form UCC3Ad) and provide Deb	
TERMINATION: Effectiveness of the Financing Statement id Statement	entified above is terminated w	ith respect to the security intere	st(s) of Secured Party authorizing the	s Termination
ASSIGNMENT (tull) r partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indicate.			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respect	to the security interest(s) of Sec	cured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:		 		
Check one of these two boxes.	ID Check one of these three bo		ne: Complete itemDELETE name	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7	a or 7b <u>and</u> item 7c7a or 7b	, and item 7c to be deleted in	item 6a or 6b
6 CURRENT RECORD INFORMATION: Complete for Party Info	mation Change - provide only g	one name (6a or 6b)		
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provide r	only one name (7a or 7b) (use exact, full r	ame; do not omit, modify, or abbreviate any pari	of the Debtor's name)
7a ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, A	C TOUCTEE*			
OR 76 INDIVIDUAL'S SURNAME	3 TRUSTEE			
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)				SUFFIX
7c MAILING ADDRESS 209 South LaSalle Street, Suite 300	Chicago		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxe	es ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Indicate collateral:				7 CONCIT CONGICIO
mucate condend.				
	RICA MERRILL LYN	ICH TRUST 2013-C1	3, COMMERCIAL MOR	TGAGE
* FOR MORGAN STANLEY BANK OF AMER PASS-THROUGH CERTIFICATES, SERIES		ICH TRUST 2013-C1	3, COMMERCIAL MOR	TGAGE
* FOR MORGAN STANLEY BANK OF AMER		ICH TRUST 2013-C1	3, COMMERCIAL MOR	TGAGE
* FOR MORGAN STANLEY BANK OF AMER		ICH TRUST 2013-C1	3, COMMERCIAL MOR	TGAGE
* FOR MORGAN STANLEY BANK OF AMER		ICH TRUST 2013-C1	3, COMMERCIAL MOR	TGAGE
* FOR MORGAN STANLEY BANK OF AMER PASS-THROUGH CERTIFICATES, SERIES 9. NAME OF SECURED PARTY OF RECORD AUTHORIZI	2013-C13	Provide only <u>one</u> name (9a or 9b)		
* FOR MORGAN STANLEY BANK OF AMER	2013-C13	Provide only <u>one</u> name (9a or 9b)		
* FOR MORGAN STANLEY BANK OF AMER PASS-THROUGH CERTIFICATES, SERIES 9. NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authorized by a DEBTOR, check here 9a ORGANIZATION'S NAME BANK OF AMERICA, N.A.	2013-C13	Provide only <u>one</u> name (9a or 9b)		
* FOR MORGAN STANLEY BANK OF AMER PASS-THROUGH CERTIFICATES, SERIES 9. NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authorized by a DEBTOR, check here 99. ORGANIZATION'S NAME	2013-C13	^P rovide only <u>one</u> name (9a or 9b) ng Debtor		

	CC FINANCING STATEMENT AMENDMENT	ADDENDUM				
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on An 2049:2013 11/1/13	nendment form				
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on	Amendment form				
	12a ORGANIZATION'S NAME BANK OF AMERICA, N.A.					
OR	12b INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY		
13.	Name of DEBTOR on related financing statement (Name of a current Debtoong Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate of the control			13) Provide only		
	13a ORGANIZATION'S NAME BOYER LAKE POINTE, L.C., an Utah limited liabili	ty company				
OR	13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	I				
15.	This FINANCING STATEMENT AMENDMENT	17. Descript	on of real estate.			
covers timber to be cut covers as-extracted collateral / is filed 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest).			g the property more specifically descril "A", attached hereto and made a part l			
			Property Address: 400 West University Parkway, Orem, UT			
		Parcel	ID: 45-487-001 and 45-487-002			
18	MISCELLANEOUS:					

EXHIBIT A

(LEGAL DESCRIPTION)

The land referred to is situated in Utah County, State of Utah and is described as follows:

Lots 1 and 2, PLAT "B", LAKE POINTE SHOPPING CENTER, Orem, Utah, according to the official plat thereof on file and of record in the office of the County Recorder of Utah County, Utah.

AMO Ref.: 1555.005

Loan/File Name: Lake Pointe Shopping Center