

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT	Fee Amount: \$12.0 Revenue Tax: LISA SMITH RECOF Madison County, I	RDER	O AM
A. NAME & PHONE OF CONTACT AT FILER (optional) Nick Barzellone 405-236-0003				
B. E-MAIL CONTACT AT FILER (optional)	May 18 g May 18 g a g a g a g a g a g a g a g a g a g			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
McCoy & Orta, P.C.				
100 North Broadway, 26th Floor				
Oklahoma City, OK 73102				
<u>L</u>		THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
1a, INITIAL FINANCING STATEMENT FILE NUMBER Bk 2018/Pg 373 filed 2/2/18		1b. This FINANCING STATEMENT. (or recorded) in the REAL ESTA Filer: attach Amendment Addendum	TE RECORDS	•
 TERMINATION: Effectiveness of the Financing Statement iden Statement 	itified above is terminated	with respect to the security interest(s) of	Secured Party authorizing this	Termination
ASS(GNMENT (ull) or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address o affected collateral in item	of Assignee in Item 7c <u>and</u> name of Assig 8	gnor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ic continued for the additional period provided by applicable law	entified above with respec	t to the security interest(s) of Secured P	arty authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:	•			
Official State of these five boxes.	Check one of these three to CHANGE name and/or	address: CompleteADD name: Cor		Give record nam
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	item 6a or 6b; <u>and</u> item ation Change - provide only		rm 7cto be deleted in	item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME ADDI	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOC 7b. INDIVIDUAL'S SURNAME			not omit, modify, er abbreviate any part q	f the Deblor's name
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/IN(TIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY	STAT		COUNTRY
9062 Old Annapolis Road	Columbia	ME	21045	USA
3 OOLLATEDAS OLIANOE, AND	1 1.00			
Indicate collateral:	ADD coffateral	_	Mary Areast	
Indicate collateral: * FOR THE BENEFIT OF THE REGISTERED I	HOLDERS OF U	— — — BS COMMERCIAL MORTO	Mary Areast	
Indicate collateral: * FOR THE BENEFIT OF THE REGISTERED I	HOLDERS OF U	— — — BS COMMERCIAL MORTO	Mary Areast	
Indicate collateral: FOR THE BENEFIT OF THE REGISTERED I COMMERCIAL MORTGAGE PASS-THROUGH	HOLDERS OF U	BS COMMERCIAL MORTO S, SERIES 2018-C8 Provide only one name (9a or 9b) (name of	GAGE TRUST 2018	-C8,
Indicate collateral: FOR THE BENEFIT OF THE REGISTERED I COMMERCIAL MORTGAGE PASS-THROUGH 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are a company and a company of the control of th	HOLDERS OF UIT OF CERTIFICATES	BS COMMERCIAL MORTO S, SERIES 2018-C8 Provide only one name (9a or 9b) (name of	GAGE TRUST 2018	-C8,
Indicate collateral: * FOR THE BENEFIT OF THE REGISTERED I COMMERCIAL MORTGAGE PASS-THROUGH 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are	HOLDERS OF UIT OF CERTIFICATES	SS COMMERCIAL MORTO S, SERIES 2018-C8 Provide only one name (9a or 9b) (name only one name (9a or 9b) (name only one name (9a or 9b)	GAGE TRUST 2018	

BK: 2018 PG: 952

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form Bk 2018/Pg 373 filed 2/2/18 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Ladder Capital Finance LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 filling 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 LDG WINTERSET IA LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15, This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral / is filled as a fixture filing Property Address: 1213 North 4th Avenue, Winterset, IA 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

18. MISCELLANEOUS: