20250919000287800 09/19/2025 09:08:58 AM UCC6 1/1

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	ENT				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		1			
CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
SPRFiling@cscalobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
3235 34591 CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	ed In: Alabama (Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORM	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	Í	b. This FINANCING STATEME (or recorded) in the REAL E	NT AMENI	OMENT is to be filed [for red	cord] dment Addendum
20220421000163760 04/21/2022		(Form UCC3Ad) and provide			ament Addendam
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with resp	ect to the security interest(s) of Sec	ured Part(y	)(ies) authorizing this Termi	nation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of For partial assignment, complete items 7 and 9; check ASSIGN Collateral books.					
4. CONTINUATION: Effectiveness of the Financing Statement identified about			authorizing	this Continuation Statemer	it is continued for the
additional period provided by applicable law  5. PARTY INFORMATION CHANGE:					
AND Chec	k <u>one</u> of these three box	es to:			
Check one of these two boxes:	—— HANGE name and/or a em 6a or 6b; <u>and</u> item 7		e: Comple	te itemDELETE name	
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch			and item 7	to be deleted if	n item 6a or 6b
6a. ORGANIZATION'S NAME Urban Oil and Gas Partners		Hame (ou or ob)			
Orban On and Gas Farmers	D-I. LF				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide only o	nne name (7a or 7h) (use exact, full name: do	n not omit mo	dify or abbreviate any part of the l	Dehtor's name)
7a. ORGANIZATION'S NAME		710 Harris (1 a 51 1 5) (455 5),401, 1411 Harris, 4		any, or abbroriate any pair or and	
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 R	ESTATE co	vered collateral	ASSIGN* collateral
<u></u>		nly if the assignee's power to amend the reco			
Filed and Recorded		ny ii ino abbignoob pomor to amona ino rooc		Contain Conditional and Goodingo In	
Official Public Records  Judge of Probate, Shelby County Alabam  Clerk	- C				
Judge of Probate, Shelby County Alabam Clerk	a, County				
Shelby County, AL					
09/19/2025 09:08:58 AM \$.00 KELSEY					
20250919000287800	alli 5.J	Beyol			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			of Assigno	r, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide 9a. ORGANIZATION'S NAME ZIONS BANCORPORATION	<del>-</del>				
9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: ABT-3335774					

3235 34591