

5/10/2002 Page

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This Space Provided for Recorder's Use When Recorded Return To: Skagit State Bank, PO Box 285, Burlington WA 98233 Document Title(s) Grantor(s) Grantor(s) Grantor(s) Legal Description Assessor's Property Tax Parcel or Account Number Reference Numbers of Documents Assigned or Released UCC-5 COUNTY AUDITOR Change Form 1. Debtor(s): (fleat name first, and mailing address(es)) 2. Secured Party(ies) and address(es): 3. Assignee(s) of Secured Party(ies) and address(es): Hockensmith Michael T Hockensmith Kathy PO Box 285 Burlington WA 98233 4. This statement refers to original UCC-2 number			
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FIII LASSIGNMENT, All of the Secured Party's rights under the UCC-2 bearing auditors receiving number shown above have been assigned		petween the foregoing Debtor(s) and Secured	Party(ies) bearing auditors receiving number shown
to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.			receiving number shown above have been assigned
PARTIAL ASSIGNMENT. The Secured Party's rights under the UCC-2 bearing auditors receiving number shown above to the propert DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.			
AMENDMENT, UCC-2 bearing auditors receiving number shown above is amended AS SET FORTH BELOW.	AMENDMENT, UCC-2 bearing auditors	receiving number shown above is amended AS:	SET FORTH BELOW.
PARTIAL RELEASE. Secured Party(ies) releases the collateral DESCRIBED BELOW from the UCC-2 bearing auditors receiving numbershown above.) releases the collateral DESCRIBED BELOW	from the UCC-2 bearing auditors receiving number
TERMINATION. Secured Party(ies) no longer claims a security interest under the UCC-2 bearing auditors receiving number shown above.	TERMINATION, Secured Party(ies) no lo	onger claims a security interest under the UCC-2	bearing auditors receiving number shown above.
DESCRIPTION:		, , , , , , , , , , , , , , , , , , , ,	
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May 8, 2002	May 8, 2002		
Skagit State Bank			
TYPE NAME(S) OF DEBTOR(S) (or assignor(s)) TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s)) Will a Sur Eliminary	TYPE NAME(S) OF DEBTOR(S) (or assignor(s))		

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

(Required if amendment)

SIGNATURE(S) OF DEBTOR(S) (or assignee(s))

