LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO ALTONOMICS AND ACKNOWLEDGMENT AND ACKNO		200301100022 Skagit County Auditor			
Return To:	\neg	1/10/2003	Page	1 of 1	9:05AM
INFORMATION SACRMENTO, COM INFORMATION SACRMENTO, CA 35815-450 SERVICES TEL: 916-564-7800, 7800, 952. FAX: 916-564-7900 account number	TE 110 18 5.5696	<u> </u>			
a. INTITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA			
00203120161 filed 3/12/02		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.			
P TERMINATION: Effectiveness of the Financing Statement identified all	4		ed Party authorizing	this Termination State	
 CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law. 	d above with respect to security intere	st(s) of the Secured Party a	uthorizing this Contin	uation Statement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	b and address of assignee in item 7c	and also give name of assi	jnor in item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		of record. Check only one of	these two boxes.		
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address; the current record name in item 6a or 6b name (if name change) in Item 7a or 7b and/or new address (if address of		name; Give record name leted in Item 6a or 6b.	ADD name:	Complete item 7a or 7 complete items 7d-7	7b, and also
6. CURRENT RECORD INFORMATION:	sange),mmem rc. □ 00 08 06	ecad in leath 98 of 90.	men /c; also	/ winipiete items /d-/	у (п аррисаріе).
6a. ORGANIZATION'S NAME Sedro-Woollev Lumber. Co.					
Sedro-Woolley Lumber, Co OR BE INDIVIDUAL SLAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
				· · · · · · · · · · · · · · · · · · ·	<u> </u>
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATIONS'S NAME	and the second s				
		<u> </u>			
OR 76. INDIVIDUAL'S LAST NAME	FIRST NAME	and the same of th	MIDDLE NAME		SUFFIX
C. MAILING ADDRESS	СПУ	17 1 1	STATE POST	AL CODE	COUNTRY
8277 Center Street SW	Tumwater	<u> </u>		501-7227	USA
7d. TAX ID#: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF	RGANIZATION	7g ORGANIZATI	ONAL ID#, if any	П
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>				L-JNON
Describe collateral deleted or added, or give entire restated	collateral description, or describle o	assigned assigned	, Y.A		
		`b	and the second s	.A	
			\$ 14	77-58	
9. NAME of SECURED PARTY of RECORD AUTHORIZING TH	IS AMENDMENT (name of ass	gnor, if this is an Assignmer	it). If this is an Amen	dment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination author		gnor, if this is an Assignmer		1 N N 1	a Debtor Which
adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME	rized by a Debtor, check here	•		1 N N 1	a Debtor Which
adds collateral or adds the authorizing Debtor, or if this is a Termination author	rized by a Debtor, check here	•		1 N N 1	a Debtor which