

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
Frank Snip	949-470-3960
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
KC Wilson and Associates LN: 3687-2004 CRFA	
23232 Peralta Drive Suite #218	
Laguna Hills, CA 92653	



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Skagit County Auditor

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #	200005250017		5/25/2000	SKAGIT CO., WA	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
<input checked="" type="checkbox"/>					
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
4. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.					
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.					
<input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.					
<input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.					
<input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
WELLS FARGO BANK, N.A., AS TRUSTEE FOR THE CRF AFFORDABLE HOUSING NO.2, LLC,					
COMMERCIAL MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2004					
OR					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS					
751 KASOTA AVE, SUITE MDC		CITY		STATE	POSTAL CODE
		MINNEAPOLIS		MN	55414
7d. TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				7g. ORGANIZATIONAL ID #, if any	
				NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.					

FULL ASSIGNMENT-ASSIGNS ALL COLLATERAL AS DESCRIBED ON ORIGINAL FINANCING STATEMENT

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.					
9a. ORGANIZATION'S NAME					
COMMUNITY REINVESTMENT FUND, INC.					
OR					
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA					
DEBTOR: SALEM VILLAGE LIMITED PARTNERSHIP					