ICC FINANCING STATEMENT AMENDI	MENT		I IN PUT (I I I I I I I I I I I I I I I I I I I		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		. THE WENT HE WILLIAM THE THE THE THE THE THE			
		1	200611130074 Skagit County		
BRANDI REID 360-255-2835 3. SEND ACKNOWLEDGMENT TO: (Name and Address)			Tragit	シロリカヤン あっぷん	7 4
		11/13/2	006 Page	1 of	
HORIZON BANK		>			1 9:39AM
2211 RIMEAND DRIVE SUITE 230 BELLINGHAM WA 98226					· · · · · · · · · · · · · · · · · · ·
BELLINGHAM WA 70220		į			
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WITH SMANCING STATEMENT EIL C#		THE ASOVE		R FILING OFFICE U FINANCING STATEM	The second secon
I. INITIAL FINANCING STATEMENT FILE #		•	to t	oe filed (for record) (or re AL ESTATE RECORDS	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with	respect to security interest(s) o			
CONTINUATION: Effectiveness of the Financing Statement identic	ified above with respect to	security interest(s) of the Se	cured Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or			na of pasianas in	itaan D	
AMENDMENT (PARTY INFORMATION): This Amendment affects		ured Party of record. Check o			
Also check one of the following three boxes and provide appropriate inform		area raity of 1600ta. Check a	iny <u>one</u> or these	MYO DOXOG.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE na to be delete	arne: Give record name ed in item 6a or 6b.	ADD:	name: Complete item 7a c omplete items 7e-7g (if ap	or7b, and also item 7c; plicable).
CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
S.K.Y. DOMES ENTERPRISES, INC.	FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX	
. CHANGED (NEW) OR ADDED INFORMATION:					·
7a. ORGANIZATION'S NAME					
R 76. INDIVIDUAL'S LAST NAME	IFIRST NAME		MIDDLE	MIDDLE NAME SUFFIX	
75. 115.17 150 150 2.15.17 10.1110					
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			giotest en _e	<u> </u>	
d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE 7¢, TYPE OF ORGANIZATION	TION 7f. JURISDICT	TION OF ORGANIZATION	7g. ORG	IANIZATIONAL ID#, if a	
DEBTOR					NON
. AMENDMENT (COLLATERAL CHANGE); check only one box.			and the	À	
Describe collateral deleted or added or give entire restated	d collateral description, or	describe collateral assig	ned.		
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NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT (nan	ne of assignor, if this is an Ass	ignment). If this is	s an Amendment authori	zed by a Debtor which
	HIS AMENDMENT (nan	ne of assignor, if this is an Ass	ignment). If this is	s an Amendment authori orizing this Amendment	zed by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING To adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor.	HIS AMENDMENT (nan	ne of assignor, if this is an Ass	ignment). If this is	orizing this Amendment.	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING T adds collateral or adds the authorizing Debtor. or if this is a Termination ac	HIS AMENDMENT (nan	ne of assignor, if this is an Ass	ignment). If this is	orizing this Amendment.	zed by a Debtor which