

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200708100033
Skagit County Auditor

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A. NAME PHONE OF CONTACT AT FILER [optional]
Melissa Engelhart (509) 327-9634

B. SEND ACKNOWLEDGMENT TO (Name and Address)

UPF Incorporated
910 West Boone Ave.
Spokane, WA 99201

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE

200701050043

1b. This FINANCING STATEMENT AMENDMENT is
 to be filed [for record] (or recorded) in the
REAL ESTATE RECORDS

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. **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 Debtor or 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.

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. **DELETE** name: Give record name to be deleted in item 6a or 6b. **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: **BROGDEL**
FIRST NAME: **DANIEL**
MIDDLE NAME:
SUFFIX:
CITY:
STATE:
POSTAL CODE:
COUNTRY: **USA**

7. **CHANGED (NEW) OR ADDED INFORMATION**

7a. ORGANIZATION'S NAME

OR
7b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
CITY:
STATE:
POSTAL CODE:
COUNTRY: **USA**

7c. MAILING ADDRESS:
CITY:
STATE:
POSTAL CODE:
COUNTRY: **USA**

7d. TAX ID #, SSN OR EIN:
ADD'L INFO RE ORGANIZATION DEBTOR:
7e. TYPE OF ORGANIZATION:
7f. JURISDICTION OF ORGANIZATION:
7g. ORGANIZATIONAL ID #, if any:
 NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

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 and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
1st Security Bank of Washington

OR
9b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
CITY:
STATE:
POSTAL CODE:
COUNTRY: **USA**

10. **OPTIONAL FILER REFERENCE DATA**

UPF Tracking #1168796-15915

Loan #

SBA Loan #