TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in flem 7c: and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Secured Party of record. Check only one of these two boxes. Also chack one of the following three boxes and provide appropriate information in terms 6 and/or 7. CHANGE name and/oraddress Please refer to the detailed instructions Integrated to changing the name/address of a party. CHANGE name and/oraddress Please refer to the detailed instructions Integrated to changing the name/address of a party. CHANGE name and/oraddress Please refer to the detailed instructions Integrated to changing the name/address of a party. CHANGE name and/oraddress Please refer to the detailed instructions Integrated to changing the name/address of a party. CHANGE NAME INTEGRATION OF The CORMATION INTEGRATION OF ORGANIZATION OF ORGANIZATIO	SCC FINANCING STATEMENT AMEND OLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional) 3. SEND ACKNOWLEDGMENT TO: (Name and Address) SKAGIT STATE BANK 301 E FAIRHAVEN AVE P O BOX 285 BURLINGTON, WA 98233		2 0 0 7 0 9 1 6 Skagit County 11/2007 Page	0 1 0 3 Auditor of 1 10:30AM
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