FOLLOW INSTRUCTIONS (front and back) CAREFULLY	200806120036				
A NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fa	ax (818) 662-4141		Skagit Co	unty Auditor	•
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16915	ŲS BANK PORTLA	6/12/20	08 Page	1 of	2 11:22AM
	1)				
	663328				
P.O. Box 29071 WA	AWA				
Giendale, CA 91209-9071	TURE				
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	THE ABO	VE SPACE IS FO	R FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 9810290023 Bk 1889 Pg 0614 10/29/98 CC WA Skagit		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION: Effectiveness of the Financing Statement identi					
. X CONTINUATION: Effectiveness of the Financing Statement identity continued for the additional period provided by applicable law.	ified above with respect to the secu	rity interest(s) of the Secu	ed Party authorizi	ing this Continuation :	Statement is
. ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assig	nee in 7c; and also give	e name of assig	nor in item 9.	
CHANGE name and/or address: Give current record name in item 8a or name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME MIRA VISTA CORPORATION		ETE name: Give record na e deleted in item 6a or 6b.		name: Complete item 7c; also complete iten	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				- · · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME					
75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
1	CITY		STATE PO	STAL CODE	COUNTRY
: MAILING ADDRESS		The second secon			
		ORGANIZATION	7g. ORGANIZA	TIONAL ID #, if any	NONE
1. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR Te. TYPE OF ORGANIZATION DEBTOR DEBTOR	TION 77. JURISDICTION OF			TIONAL ID#, if any	NONE
ADD'L INFO RE ORGANIZA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate LEGAL DESCRIPTION: PARCEL #: 350427-1-014-	TION 7f. JURISDICTION OF	ribe collateral assign	ed,		
ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate LEGAL DESCRIPTION: PARCEL #: 350427-1-014-	TION 7f. JURISDICTION OF	ribe collateral assign	ed,		
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ORGANIZATION DEBTOR . AMENDMENT (COLLATERAL CHANGE): check only one box.	TION 7f. JURISDICTION OF	ribe collateral assign	ed,		□ NONE
ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate LEGAL DESCRIPTION: PARCEL #: 350427-1-014-	TION 7f. JURISDICTION OF	ribe collateral assign	ed,		

FIRST NAME

10. OPTIONAL FILER REFERENCE DATA

U.S. BANK NATIONAL ASSOCIATION

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S LAST NAME

14663328 Debtor Name: MIRA VISTA CORPORATION 55-5888772368-34 3001550798

MIDDLE NAME

SUFFIX

U FC	CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY	ADDENDUM
	INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendm	
98	310290023 BK 1889 Pg 0614 10/29/98 CC WA Skagi	t
12.	NAME of PARTY AUTHORIZING THIS AMENDMENT (same as Item 9 on Amendr	nent form)
# a	12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION	
OR	12b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX
13	Use this space for additional information	-

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: PARCEL #: 350427-1-014-0014 & 350427-1-013-0015. SEC 27, T35N, R4E, WILLAMETTE MERIDIAN, EXCEPT ROADS.
Page No: 0614 Book No: 1889

Skagit County Auditor

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