JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		H			
		200903200083 Skagit County Auditor			
Skagit State Bank 301 E. Fairhaven Ave. P.O. Box 285	Ī				
Burlington, WA 98233	į				
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	الب	THE ABOVE SPA	CE IS FOR FIL	ING OFFICE US	ONLY
INITIAL FINANCING STATEMENT FILE #	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the				
200512010129		11 12 14 14 14 14 14 14 14 14 14 14 14 14 14	V REALES	TATE RECORDS	
TERMINATION: Effectiveness of the Financing Statement identified about CONTINUATION: Effectiveness of the Financing Statement identified					
continued for the additional period provided by applicable law	Spore with teshert m ser	Juliy Illerost(s) or allo occurre			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b s					
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check pag of the following three boxes and provide appropriate information		Party of record. Check only or	<u>ne</u> of these two b	oxes.	
CHANGE name and/or address: Please refer to the detailed instructions	T DELETE name:	Give record name	ADDname:	Complete item 7s or 7 te items 7e-7g (if applic	b, and also item 7c;
in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	to be deleted in	REID BE DI OU.	1 also con ibic	restellie ve-t d fil abblik	
6a. ORGANIZATION'S NAME					
C & G TIMBER, INC,	TFIRST NAME		MIDDLE NAME		SUFFIX
65. INDIVIDUAL'S LAST NAME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				1
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
75. INDIVIDUAL'S LAST NAME	FIRST NAME	Carrier Communication of Communication o	MIDDLE NAM	 -	SUFFIX
		- // N			
MAILING ADDRESS	CITY		STATE PO	STAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 76, TYPE OF ORGANIZATION	74 UNDISDICTION	NOF ORGANIZATION	7g ORGANIZ	ATIONAL ID#, if any	
ORGANIZATION '	71. Juniobic Hol	OF ORGANIZATION		,	□NONE
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only DDe box.			W jag		I India
Describe collateral deleted or added, or give entire restated col	lateral description, or de:	scribe collateral assigned.	San		
The South Half of the Southwest Quarter of Section	15. Township 3	6 North, Range 3 Ea	st of the W	illamette Mer	idian.
Situate in Skagit County, Washington.		, •			
_	1 2 2 0 2 1 7 2 0 0	4 AGAD 1047007		4	
Tax Parcel Numbers: 360315-3-003-0009 P47906 a	ina 360315-3-004	1-UUU8 R4/9U/		97. A	
			William William		
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or If this is a Termination authorizing Debtor,	AMENDMENT (name orized by a Debtor, check h	of assignor, if this is an Assignment of DEE	ent). If this is an A STOR authorizing	mendment authorize this Amendment	d by a Debtor Which
88. ORGANIZATION'S NAME				ζ,	1 H.S
Skagit State Bank R DB. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAM	E.	SUEFIX
	,		1		Test 1
BU. INDIVIDUAL O DIOT WINE					250
O, OPTIONAL FILER REFERENCE DATA					