



201006010127

Skagit County Auditor

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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A. NAME & PHONE OF CONTACT AT FILER [optional]  
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16915 US BANK PORTLA

CT Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

23422447

WAWA  
FIXTURE

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1a. INITIAL FINANCING STATEMENT FILE #  
200305020057 05/02/03 CC WA Skagit1b. 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 the 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 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  
SKAGIT ISLAND L.L.C.OR  
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR  
7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ☐ NONE8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

SHORT LEGAL DESCRIPTION: SECTION 29, TOWNSHIP 34, RANGE 4; PTN.NE 1/4 AKA TRACT 2 AND A PARTITION OF TRACT 4 SHORT PLAT MV-2-00 ASSESSOR'S TAX PARCEL ID # 340429-1-007-0200 P118703, 340429-1-007-0400 P118705

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  
US BANK NATIONAL ASSOCIATIONOR  
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX10. **OPTIONAL FILER REFERENCE DATA**

23422447 Debtor Name: SKAGIT ISLAND L.L.C. 55-768622-18 3001550761

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

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12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME  
US BANK NATIONAL ASSOCIATION

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

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Description: SHORT LEGAL DESCRIPTION: SECTION 29, TOWNSHIP 34, RANGE 4; PTN.NE 1/4 AKA TRACT 2 AND A PARTITION OF TRACT 4 SHORT PLAT MV-2-00 ASSESSOR'S TAX PARCEL ID # 340429-1-007-0200 P118703, 340429-1-007-0400 P118705



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