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CC FINANC	ING STATE	MENIT AM	ENDMEI	MT					
LLOW INSTRUCT	TIONS (front and I	back) CAREFUL tional]	LY						H
		800) 331-3282	Fax (818) 662-4141		9	(0 1 0 (kaqit C	09210048 Punty Auditor	
SEND ACKNOWLEDGE	MENT TO: (Name and	1 Mailing Address) 1,	4413 UMPQI	JA BANK	9	9/21/2010		<u> </u>	
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CT Lien Sc	olutions		2532825	52					
P.O. Box 2	9071		14/614/6						
Glendale, (CA 91209-9071		WAWA	_ 1					
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	iger					THE ABO	VE SPACE I	S FOR FILING OFFICE (JSE ONLY
INITIAL FINANCING 200601120118					:		Y to b	s FINANCING STATEME e filed [for record] (or record) AL ESTATE RECORDS.	
TERMINATION:		10,000						Party authorizing this Te	
X CONTINUATION continued for the ad	 Effectiveness of the dditional period provide 		t identified above	with respect to the	security interes	n(s) of the Secu	red Party aut	horizing this Continuation	Statement is
ASSIGNMENT	(full or partial): Give i	name of assignee in	n item 7a or 7b	and address of a	ssignee in 70	and also give	e name of a	assignor in item 9.	
MENDMENT (PART						ord. Check only			
	ne following three bo id/or address: Give curr nge) in item 7a or 7b ar	rent record name in ite	m 6a or 6b; also	give new		: Give record na item 6a or 6b.		ADD name: Complete iter item 7c; also complete ite	
URRENT RECORD			4/-		:				
6a. ORGANIZATION'S Printwise, Inc.	NAME		i i i						
6b. INDIVIDUAL'S LAS	T NAME			FIRST NAME		 	MIDDLE	NAME	SUFFIX
HANGED (NEW) OI		ATION:				·			
7a. ORGANIZATION'S	NAME				and the second second	od _{ores} .			
7b. INDIVIDUAL'S LAS	ST NAME			FIRST NAME		<u> </u>	MIDDLE #	NAME	SUFFIX
		·	_						
MAILING ADDRESS				CITY		and Survey and the S	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION	ADD'L INFO RE	7e. TYPE OF ORG	ANIZATION	T. JURISDICTION	OF ORGANIZ	ATION	7g. ORGA	NIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR					ĺĺ	41/	•	NON T
•): check only o <u>ne</u>	box.		÷	The same		.	<u> </u>
MENDMENT (COLL		ed, or give entire	restated collater		describe colla	teral assign	47	· - A	
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Describe collateral ASSESSOL'S Tax P NAME OF SECURED adds collateral or adds	PARTY OF RECOPE the authorizing Debter,	RD AUTHORIZING	THIS AMENDA	rket St., Moul	signor, if this is	an Assignment)	. If this is an	Amendment authorized bing this Amendment:	y a Debtor which
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Describe collateral ASSESSOR'S Tax P NAME OF SECURED adds collateral or adds 9a. ORGANIZATION'S	PARTY OF RECOPE the authorizing Debtor, 5 NAME	RD AUTHORIZING	THIS AMENDA	rket St., Moul	signor, if this is	an Assignment)	. If this is an	zing this Amendment.	y a Debtor which

		ATEMENT AMENDMEN (front and back) CAREFULLY MENT FILE # (same as item 1a on Amer	
	0601120118 01/12/0	The same of the sa	
ग2.।	AME of PARTY AUTHORIZING	G THIS AMENDMENT (same as item 9 on Am	endment form)
4	12a. ORGANIZATION'S NAME Umpqua Bank		
OR	12b. INDIVIDUAL'S LAST NAM	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: Warner Creek Investments, LLC Owner Address: PO Box 278, Mount Vernon, WA, 98273 Description: 2226 Market St., Mount Vernon, WA and 903 25th St., Anacortes, WA

201009210048 Skagit County Auditor

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