

UCC FINANCING STATEMENT AMENDMENT

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	I III			
A, NAME & PHONE OF CONTACT AT FILER [optional]				
Corporation Service Company 1-800-858-5294	نے ا	201106210005		
3. SEND ACKNOWLEDGMENT TO: (Name and Address)	s	kagit County Auditor		
58964184 - 344670	6/21/201	1 Page 1 of	1 8:33AM	
Corporation Service Company				
801 Adlai Stevenson Drive				
Springfield, IL 62703	ì			
Opringillad, IL 02700				
Filed In: Washingto	n Skagit I			
T fied in: Washingto	~	SPACE IS FOR FILING OFFICE U	SE ON! V	
INITIAL FINANCING STATEMENT FILE #	THE ABOVE	1b. This FINANCING STATEME		
200108220043 8/22/2001 0		to be filed (for record) (or re		
TERMINATION: Effectiveness of the Financing Statement identified above is	to minuted with respect to many ity interpret(c) of	REAL ESTATE RECORDS.	nation Statement	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	re with respect to security interest(s) of the Secu	ired Party authorizing this Continuation	Statement is	
				
ASSIGNMENT (full or partial): Give name of assignee in flem 7a or 7b and a				
AMENDMENT (PARTY INFORMATION): This Amendment affects Det		y <u>one</u> of these two boxes,		
Also check one of the following three boxes and provide appropriate information in its				
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 5a or 6b.	ADD name: Complete item 7a o also complete items 7e-7g (if app	r /b, and also item /c; olicable),	
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME TANNLEGER, LLC	<u> </u>			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
R 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
. MAILING ADDRESS	airy	STATE POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	71, JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	ny	
ORGANIZATION DESTOR	1 //	h À	□ NO	
AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collateral	a) description, or describe collateral assign	ed.		

	NAME OF SECURED PARTY OF RECORD AUTH adds collateral or adds the authorizing Debtor, or if this is a			
~~	9a, ORGANIZATION'S NAME SKAGIT STATE	BANK		
OR	95, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Suffix
10.	OPTIONAL FILER REFERENCE DATA Debtor: TA	NNLEGER, LLC		50004404

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