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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Corporation Service Company 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
60921935 - 305020	
Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703	
Filed In: Washington	Skag <u>it</u>

201109160017 Skagit County Auditor

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ADD name: Complete tem 7aor 7b, and also item 7c, integrate to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in terms 6 and/or 7c integrates to change integrates to party.  CHANGE name and/or address: Please refer to the detailed instructions in terms 6 and/or 7c.  CHANGE NEW RECORD INFORMATION:  6a. ORGANIZATION'S NAME CITY BANK  6b. INDIVIDUAL'S LAST NAME  FIRST NAME  CHANGED (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CHANGED (NEW) OR ADDED INFORMATION:  7c. INDIVIDUAL'S LAST NAME  MILING ADDRESS PO Box 1589  CITY  Oak Harbor  SEEINSTRUCTIONS  ADD'LINFORE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any  CRGANIZATION   7g. ORGANIZATION   7g. ORGANIZ	00921939~309020	]				
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Springfield, IL 62703    Filed In: Washington Skagit						
Filed In: Washington Skagit  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FRANCING STATEMENT FILE #  007030990023 3/9/2007  TERMINATION: Effectiveness of the Financing Statement defidited above its terminated with respect to security interest(s) of the Secured Party authorizing that Termination Disterment Contribution for administration of the Contribution Statement Incommend for the administration of the Information in the Information Information in the Information Information in the Information Informa						
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NOTIAL PROMICING STATEMENT FILE #  OOD 703090023 3/9/2007  TERMINATION: Effectiveness of the Financing Statement devilided above is terminated with respect to security interest(s) of the Secured Authorizing this Continuation Statement, Statement (security interest(s) of the Secured Party authorizing this Continuation Statement, Statement (security interest(s) of the Secured Party authorizing this Continuation Statement, Statement (security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNIMENT (full or partial): Give name of assignce in fight 7/2 or 70 and address of assignce in item 7/2 and also give name of assignor in fight 10.  AMENDMENT (PARTY INFORMATION): This Amendment affects. Display or give Secured Party of record. Check only ggg of these two boxes. Note check ago of the following three because agil provide appoints in from sharing in series 6 and/or 2.  CHANGE Hame-ardiorized issues agil storied appoints in from 10.  AMENDMENT (PARTY INFORMATION): This Amendment affects. Display of a party of record. Check only ggg of these two boxes. Note check ago of the following three because agil storied appoints in from 5/2 and 5	Filed in: vvasning	<u> </u>				
Detail of the record (or incorded) in the	AUTIAL EINANGING STATEMENT SILS A	THE				
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Th. INDIVIDUAL'S LAST NAME    FIRST NAME						_
MAILING ADDRESS PO Box 1589  CITY Oak Harbor  ADDITINFORE ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, replacements, and substitutions relating to any of the gogging; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intantibles account proceeds) AFFECTS PROPERTY LOCATED AT 214 FERRY STREET, SEDRO WOOLLEY WA 98284.  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 CITY BANK	l line of locality		4,14,14			
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		FIRST NAME		·	NAME	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1e on Amendment form) 200703090023 03/09/2007 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME CITY BANK OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

DEBTOR: HAN, HAE KYUNG

PARCEL: P77461

SHORT LEGAL: BLK 3 & 4, WOOLLEY, THE HUB OF SKAGIT COUNTY, COL 2, PG 92

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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