		1 42XA IMO BEJELXWA HAN BAZIA OWI BALLA (MILANA)		
CC FINANCING STATEMENT AMENDMEN	ЛТ	A MARY BUT AND ARREAD ARE AND ARREAD ARE ARREAD ARE ARE ARE ARE		
DLLOW INSTRUCTIONS (front and back) CAREFULLY	V 1	201202090124	Y	
NAME & PHONE OF CONTACT AT FILER [optional]		Skagit County Auditor		
Kevin Ewing	2/9/2	012 Page 1 of 1	4:27PM	
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Kevin Ewing	1			
PO Box 1038 LaConner WA, 98257				
Dacomer Will, 2020	i			
	i			
	THE ABO	VE SPACE IS FOR FILING OFFICE US		
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed [for record] (or record)		
201201250137		REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified above	***			
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the	Secured Party authorizing this Continuation :	Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	A coldrose of accignon in item 7c; and also give	name of assignment in them 9		
		ck only one of these two baxes.		
Also check one of the following three boxes and provide appropriate information in		or only one of these the series.		
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or also complete items 7e-7g (if app	7b, and also item 7c; licable).	
in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	to be deleted in kern da or ob.	and an		
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]				
78. ORGANIZATION S NAME				
R	FIRST NAME	MIDDLÉ NAME	SUFFIX	
: MAILING ADDRESS	СПҮ	STATE POSTAL CODE	COUNTRY	
		A Commence of the Commence of		
I. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if ar		
DEBTOR			NON	
AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe collateral	assigned		
5-35N-7E				
01111090060				
1/9/2011		**************************************		
NOTICE OF TRUSTEES SALE				
Value of Claim: \$161,485.76 USD one hundred sixty-one thousand four hundred eighty	-five 76/100 United States Do	illars		
me numureu sixty-one mousand four numureu eighty	-iive 10/100 Officed States De			
			<u> 4,4 — </u>	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is an	Assignment). If this is an Amendment authorize of DEBTOR authorizing this Amendment	ed by a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorizes [9a. ORGANIZATION'S NAME]	ed by a Debitor, check here and enter han	P A DED LOT SUBBILING HIS WHOLING WE		
34. CASANIZATION SINANIE			くこくこう	
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
Ewing	Kevin	Scott	C.C.	
0.OPTIONAL FILER REFERENCE DATA	INC 7 III	10000	125	