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201204270056 Skagit County Auditor

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OLLOW 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)	
66148232 - 320540	
Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703	
Filed In: Washington	Skagit I

UCC FINANCING STATEMENT AMENDMENT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INITIAL FINANCING STATEMENT FILE# This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 200606280017 6/28/2006 REAL ESTATE RECORDS. 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to 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 item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of 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: 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 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME Wesen a.k.a. Lyle R. Wesen OR 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME OR SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME COUNTRY 7c. MAILING ADDRESS 7280 Worline Road POSTAL CODE CITY STATE 98232 USA WA Bow 7g: ORGANIZATIONAL ID#, if any ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7d. SEEINSTRUCTIONS NONE DERTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assign	nment). If this is an Amendment a	uthorized by a Debtor which
	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b			nerit.
OB	Ba. ORGANIZATION'S NAME Union Bank, N.A., sucessor in interest to the FDIC, as Receiver of Frontier Bank			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10	OPTIONAL FILER REFERENCE DATA: 170020Mocon a k a Livio I	2 Macantac MM		J. J. J. C.

0.0PTIONAL FILER REFERENCE DATA 17903/Wesen a.k.a. Lyle R. Wesen/as/WA

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