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B. SEND ACKNOWLEDGE CT Lien S P.O. Box 2 Glendale,	TIONS (front and to ONTACT AT FILER [option Phone (8) EMENT TO: (Name and olutions	oack) CAREFL onal] 300) 331-328	JLLY 2 Fax (81	8) 662-4141 WEST BANK	6/1	Ska 7/2012 F	git Cou	5 O 7 O O 6 A Inty Auditor	r 2 11:51	
1a. INITIAL FINANCIN 200708150154	G STATEMENT FILE 08/15/07 CC			·		-	. [[vg] to be	FINANCING STATE offiled (for record) (or NL ESTATE RECORI	r recorded) in t	
4. ASSIGNMENT 5. AMENDMENT (PAR Also check one of	N: Effectiveness of the additional period provider (full or partial): Give in TY INFORMATION): the following three box	e Financing Statem d by applicable law name of assigned This Amendmen ses and provide	e in item 7a or 7I t affects Del	o and address of book or or Security in the security of the security in the security of the se	ured Party of record.	of the Secure	ed Party auti	norizing this Continu ssignor in item 9.		
CHANGE name a	nd/or address: Give cum ange) in item 7a or 7b ar	ent record name in	item 6a or 6b; also	give new	DELETE name: G to be deleted in its		-	NDD name: Complet tem 7c; also comple		
6. CURRENT RECORD 6a. ORGANIZATION: JOSAN SALE 6b. INDIVIDUAL'S LA	S NAME S CORP.			FIRST NAME		77	MIDDLE N	AME	SL	JFFIX
7. CHANGED (NEW) C		ATION:								
7a. ORGANIZATION:	S NAME			1	The second of th					
7b. INDIVIDUAL'S LA	ST NAME			FIRST NAME			MIDDLE N	AME	SL	JFFIX
7c. MAILING ADDRESS				CITY	The same of the sa	and the second	STATE	POSTAL CODE	CC	DUNTRY
7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e, TYPE OF OI	RGANIZATION	7f. JURISDICTI	ON OF ORGANIZAT	ON	79 ORGA	NIZATIONAL ID#, if	any	NONE
8. AMENDMENT (COL Describe collateral ABBREVIATED 8013-000-004-0	LATERAL CHANGE deleted or adde LEGAL: section	d, or give entire	restated collat	•	or describe collater N(AKA lot 4 F		Γ.,	P) Tax Parc	sel:	
9 NAME OF SECURE	PARTY OF BECOS	ID ALITHODIZIA	G THIS AMEND	MACNIT / r	annina - Fabir i	Andrews 11	uf alo: _ } ·		<u> </u>	
NAME OF SECUREI adds collateral or adds 9a. ORGANIZATION United Comme	s the authorizing Debtor, S NAME							Amendment authorizing this Amendment		r which
OR 9b. INDIVIDUAL'S LA				FIRST NAME			MIDDLE N	ALIE	Lou	JFF(X

Prepared by CT Lien Solutions, P.O. 8ox 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

10. OPTIONAL FILER REFERENCE DATA 33488381 Debtor Name: JOSAN SALES CORP. 87812640 339

UC	C FINANCING STATEMENT AMENDMEN	T ADDENDUM
	LOW INSTRUCTIONS (front and back) CAREFULLY	
11.	NITIAL FINANCING STATEMENT FILE # (same as item 1a on Amend	lment form)
200	0708150154 08/15/07 CC WA Skagit	
12. N	IAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amer	ndment form)
	12a, ORGANIZATION'S NAME United Commercial Bank	
OR	12b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX
13.	Ise this space for additional information	•

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: section 5, township 35, Range 4: PTN SW NW(AKA lot 4 FRED MEYER BSP) Tax Parcel: 8013-000-004-0000 (P104517)

201206070064 Skagit County Auditor

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