



201208020018

Skagit County Auditor

8/2/2012 Page

1 of

1 10:21AM

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) 68594299 - 308510 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington Skagit	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 200710080026 10/8/2007	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>
--	---

2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
--

3. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> 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.
--

<input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	<input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.	<input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).
--	--	---

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME KRAFT	FIRST NAME JOHN	MIDDLE NAME G	SUFFIX
--	--------------------	------------------	--------

7. CHANGED (NEW) OR ADDED INFORMATION:
--

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-------------------------------	------------	-------------	--------

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
---------------------	------	-------	-------------	---------

7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
----------------------	-----------------------------------	--------------------------	----------------------------------	--

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.
--

APN: 360313-4-009-0500 P120630

LOT 2, SP 97-0068 IN 13-36-3 E W.M., SKAGIT COUNTY, WASHINGTON.

ALL TIMBER LOCATED AT: 2993 BARRELL SPRINGS ROAD, BOW, WASHINGTON 98232.

LEGAL DESCRIPTION: LOT 2, SHORT PLAT NO. 97-0068, RECORDED UNDER AUDITOR'S FILE NO. 200307180022, RECORDS OF SKAGIT COUNTY, WASHINGTON; AND BEING A PORTION OF THE SOUTH 20 ACRES OF THAT PORTION OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M., LYING EAST OF THE CCC ROAD, AS MEASURED BY A LINE DRAWN PARALLEL TO THE SOUTH LINE OF SAID SECTION 13. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

9. 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME COLUMBIA STATE BANK FKA SUMMIT BANK

OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-------------------------------	------------	-------------	--------

10. OPTIONAL FILER REFERENCE DATA Debtor: VALERIE K KOVACS -1292003017 / 1101

68594299