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OCC FINANCING		CAREFULLY	! 			sa maga armi awa amin kali lah 164		
A. NAME & PHONE OF C	ONTACT AT FILE	R [optional]	THE WALL HAVE A RAND HAVE FRENCH LEAR FERN LAND HAVE HERD LAND FRENCH LAND					
Corporation Service		1-800-858-5294		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
B. SEND ACKNOWLEDO	MENT TO: (Nam	e and Address)		20	1210	Auditor		
70106832 - 30	8510	s.		Skagit County Auditor 10/4/2012 Page 1 of 110:59AM				
·	i Service Cor tevenson Dri	- 17 Page						
Springfield,	IL 62703							
		O. Ya	1					
		Filed In: Washingto	n Skagit 📗					
<u> </u>		State of the same		THE ABOVE SPACE		FILING OFFICE USE		
1a. INITIAL FINANCING STA 200804250032 4/	TEMENT FILE # (25/2008	~/~\\ <u> </u>		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2. TERMINATION: E	fectiveness of the Fin	ancing Statement identified above is	terminated with resp	ect to security interest(s) of the S	ecured Part	y authorizing this Terminatio	n Statement	
 CONTINUATION: continued for the additional 		Financing Statement identified above d by applicable law	with respect to se	curity interest(s) of the Secured F	Party author	izing this Continuation Stat	ement is	
4. ASSIGNMENT (full	or partial); Give nam	ne of assignee in item 7a or 7b and ac	ldress of assignee ir	item 7c; and also give name of a	ssignor in It	em 9.		
5. AMENDMENT (PART	•	The second of th	<i>;</i> — 🗀	Party of record. Check only one	of these tv	vo boxes.		
	_	provide appropriate information in ite		. 0:	_ ADD	Complete item 70 pr7h	and also itam 7a:	
in regards to changing t	adoress: Please refer t he name/address of a p	othe detailed instructions party.	to be deleted in	Give record name item 6a or 6b.	alsoço	ame: Complete item 7a or 7b, mplete items 7e-7g (if applica	ble).	
6. CURRENT RECORD IN								
6a. ORGANIZATION'S I	NAME	N.	4 T					
OR 6b. INDIVIDUAL'S LAS	E NI À BAIC	<u> </u>	LEDOTALIANE		MIDDLE		SUFFIX	
FEYKO	NAME		JASON -		MIDDLE NAME R		SUPPIX	
			JASON		11			
 CHANGED (NEW) OR A Ta. ORGANIZATION'S N 		ION:		/-}				
	VAME			and for a second				
76. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIODLE NAME SUFFIX			
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
				The second secon	\			
7d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION	J OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NONE	
8. AMENDMENT (COLL)	ATERAL CHANGE): check only <u>one</u> box.		To the same of		ž		
Describe collateral de	eleted or added,	or give entire restated collateral	description, or de-	scribe collateral assigned.	And the same			
APN: 4048-004-008-0	0000			(garanti Santa			
		ES OF PERSONAL PROPE			The 1970 of 19	48 at 18	FTER	
		EAL PROPERTY, TOGETH			J. 1		EITC	
		ISTITUTIONS FOR, ANY OF DING WITHOUT LIMITATIC						
		THE PERSONAL PROPERT						
WASHINGTON 9823								
		CK 4, "BAKER", AS PER PLA	AT RECORDE	O IN VOLUME 3 OF PLAT	S, PAGE	63, RECORDS OF	SKAGIT	
COUNTY, WASHING								
		ORD AUTHORIZING THIS AME or if this is a Termination authorized b					y a Debtor which	

FIRST NAME

MIDDLE NAME

70106832

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

9a. ORGANIZATION'S NAME Columbia State Bank fka Summit Bank

10.0PTIONAL FILER REFERENCE DATA Debtor: JASON FEYKO-1092000254 / 1102

OR 96. INDIVIDUAL'S LAST NAME