UCC FINANCI FOLLOW INSTRUCTION A. NAME & PHONE O Corporation Sen B. SEND ACKNOWLE		3/28/2013 Page 1 of 1 9:03AN			
801 Adlai	on Service Company Stevenson Drive d, IL 62703 Filed In: Washing	gton Skagit			
1a. INITIAL FINANCING S	TATEMENT FILE#	THE ABOVE	1b. This F	FILING OFFICE USE (INANCING STATEMENT)	AMENDMENT is
200804250032	4/25/2008			filed [for record] (or record: . ESTATE RECORDS.	ed) in the
3. CONTINUATION	Effectiveness of the Financing Statement identified above: Effectiveness of the Financing Statement identified additional period provided by applicable law.				
4. ASSIGNMENT (ull or partial): Give name of assignee in item 7a or 7b ar	of address of assignee in item 7c, and also give nam	e of assignor in ite	:m 9,	
	RTY INFORMATION): This Amendment affects	and the second s	ly <u>one</u> of these tw	o boxes.	
CHANGE name and	ollowing three boxes <u>and</u> provide appropriate information of for address: Please refer to the detailed instructions	☐ DELETE name: Give record name	ADD nar	me: Complete item 7a or 7b, a pplete items 7e-7g (if applicat	ındalso item 7c;
6. CURRENT RECORD	ig the name/address of a party. INFORMATION:	to be deleted in item 6a or 6b.	alsocon	npleteitems 7e-7g (if applicat	ile).
6a. ORGANIZATION			· • • • • • • • • • • • • • • • • • • •		
OR Ch INDIVIDUALIS					1
66. INDIVIDUAL'S LA	STNAME	JASON JASON	MIDDLE NA	AME	SUFFIX
	R ADDED INFORMATION:	3,001			
7a. ORGANIZATION					
76. INDIVIDUAL'S L	ST NAME	FIRST NAME	MIDDLE N.	AME	SUFFIX
PRESCOTT		JAMES	N.		
	702 KENTUCKY ST #424	BELLINGHAM	WA	98225	USA
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR Individual	7f. JURISDICTION OF ORGANIZATION WA	7g. ORGAI	NIZATIONAL ID#, if any	NONE
8. AMENDMENT (CO	LATERAL CHANGE); check only one box.				
Describe collateral	deleted or added, or give entire restated colla	teral description, or describe collateral assign	ed.		
APN: 4048-004-00	8-0000		KC.	<i>.</i>	
ATTACHED OR AF REPLACEMENTS OF THEREON AND PE SALE OR OTHER	D OTHER ARTICLES OF PERSONAL PROFIXED TO THE REAL PROPERTY, TOGE OF, AND ALL SUBSTITUTIONS FOR, ANY COCEEDS (INCLUDING WITHOUT LIMITA OF THE PERSONAL PROPI	THER WITH ALL ACCESSIONS, PART OF SUCH PROPERTY; AND TOGETH TION ALL INSURANCE PROCEEDS AI	S, AND ADDI ER WITH ALL ND REFUNDS	TIONS TO, ALL LISSUES AND PRO S OF PREMIUMS) FF	FITS ROM ANY
WASHINGTON 98	237			- Carrier Sala	N.
LEGAL DESCRIPT	ON: LOT 8, BLOCK 4, "BAKER", AS PER	PLAT RECORDED IN VOLUME 3 OF F	LATS, PAGE	63, RECORDS OF	SKAGIT
	D PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of accidnor lifthic is an April	nment) If this is a	n Amendment authorized by	(al Debtor which
	the authorizing Debtor, or if this is a Termination authoriz			ing this Amendment	, a deput with
9≥. ORGANIZATION	SNAME Columbia State Bank fka Su	mmit Bank			77/2/2
1					
OR 96. INDIVIDUAL'S LA		FIRST NAME	MIDDLE N		TSUFFIX

74562506

10. OPTIONAL FILER REFERENCE DATA Debtor: JASON FEYKO-1092000254 / 1102