JCC FINANCING STATEMENT AMENDMENT					
A. NAME & PHONE OF CONTACT AT FILER (optional)		Skad	201309 t County Auditor	18007	9 \$73.00
3. E-MAIL CONTACT AT FILER (optional)		_	2013 Page	1 of	2 11:47AM
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
CT Lien Solutions					
John Salvage	·				
4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219					
Cotambas, omo 43217					
			SPACE IS FOR FILIN		
i, initial financing statement file number 100208190074 (8/19/2002)	1	(or recorded) in the	TATEMENT AMENDMEN REAL ESTATE RECORD Ient Addendum (Form UCC34	·S	•
✓ TERMINATION: Effectiveness of the Financing Statement identifie	ad above is terminated wi				
Statement		 			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe	ected collateral in item 8				
CONTINUATION: Effectiveness of the Financing Statement identicantinued for the additional period provided by applicable law	tified above with respect t	o the security interest(s)	of Secured Party authoriz	ing this Continua	tion Statement is
PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Che	eck <u>one</u> of these three box		DD name: Complete item _	DELETE nome	: Give record name
This Change affects Debtor or Secured Parly of record	CHANGE name and/or ac item 6a or 6b; and item 7:		a or 7b, and item 7c	to be deleted in	
CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - provide only o	ne name (6a or 6b)			
33 S. C.					
66. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
				14 14	44 - 5 4 - 4 3
CHANGED OR ADDED INFORMATION: Complate for Assignment or Party 7a. ORGANIZATION'S NAME	/ Information Change - provide or	ly <u>ona</u> name (/a.o.r/b) (use exa	ct, full name; do not omit, modify.	or appreviate any pan	or the Debtor's name)
7b, INDIVIDUAL'S SURNAME			productive of the same		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	12:22		- Instru		COUNTRY
, MAILING ADDRESS	CITY		STATE POSTA	L CODE	COUNTRY
COLLATERAL CHANCE: 11		DELETE collateral	DESTATE		ASSIGN collateral
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: Indicate collateral;	ADD collateral] DELETE collateral	RESTATE covered c	oliacerai	ASSIGN COllateral
			- W///		
				and the second second	
Debtor. Washington	Alder 1	عا	<<		
	, 100(01		*		
•					
NAME OF SECURED PARTY OF RECORD AUTHORIZING TO			or 9b) (name of Assignor, if	this is an Assignn	nent)
If this is an Amendment authorized by a DEBTOR, check here and pure 9a. ORGANIZATION'S NAME	rovide name of authorizing	Debtor		<u> </u>	<u> </u>
Columbia Bank (f/k/a Summit Bank)					4.2
BL. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAM	(E(S)/INITIAL(S)	SUFFIX
OPTIONAL FILER REFERENCE DATA:			3097360	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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	CC FINANCING STATEMENT AMENDMENT ADDEN	DUM
11.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1s on Amendment form 00208190074 (8/19/2002)	
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
	120. ORGANIZATION'S NAME. Columbia Bank (f/k/a Summit Bank)	
OR		
OI.	12b. INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of record require one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the	
	13a. ORGANIZATION'S NAME Washington Alder, LLC	
OR	13b. INDIVIDUAL'S SURNAME FIRST PERSONA	L NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
16.	This FINANCING STATEMENT AMENDMENT:	201309180079 Skagit County Auditor

18. MISCELLANEOUS: