

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 21522 - STERLING	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	39958751  WAWA FIXTURE

File with: Skagit, WA



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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201101030093 1/3/2011 CC WA Skagit					1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13							
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement												
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8												
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law												
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b												
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)												
6a. ORGANIZATION'S NAME VITREORETINAL ASSOCIATES, PLLC												
OR												
6b. INDIVIDUAL'S SURNAME			FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)		SUFFIX					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)												
7a. ORGANIZATION'S NAME												
OR												
7b. INDIVIDUAL'S SURNAME												
INDIVIDUAL'S FIRST PERSONAL NAME												
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)												
SUFFIX												
7c. MAILING ADDRESS					CITY		STATE		POSTAL CODE		COUNTRY	
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:												

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor							
9a. ORGANIZATION'S NAME CHARTER PRIVATE BANK							
OR							
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)		SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: VITREORETINAL ASSOCIATES, PLLC 39958751 100026916 2203							

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
201101030093 1/3/2011 CC WA Skagit

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME CHARTER PRIVATE BANK	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13); Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME VITREORETINAL ASSOCIATES, PLLC				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

HOPPER ROAD LLC  
PO BOX 650  
BURLINGTON, WA 98233

17. Description of real estate:

PTN OF LOTS 5 & 6 BURLINGTON BINDING SITE PLAN BS 1-95,  
9508070045, SEC 8, TWNSHP 34N, R 4E

Parcel ID:  
8004-000-005-0000



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18. MISCELLANEOUS: 39958751-WA-57 21522 - STERLING SAVINGS BAN CHARTER PRIVATE BANK

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