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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Cal Title-Search, Inc. 1005 12th Street Suite E

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Skagit County Auditor 1/15/2014 Page

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L Sacramento, CA 93814			ACE IS FOR FILING OFFICE US	
18. INITIAL FINANCING STATEMENT FILE NUMBER. 201104190043	ib.	(or recorded) in the REA Filet: stach Americanent A	ddendum (Form UCC3Ad) <u>and provide De</u>	blor's name in Hem 13
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated with re	spect to the security inter	est(s) of Secured Party authorizing the	nis Termination
ASS(GNMENT (full or partial): Provide name of Assignee in item. 7 For partial assignment, complete items 7 and 9 and also indicate affections.	ected collateral in item 8			
CONTINUATION: Effectiveness of the Financing Statement identitic continued for the additional period provided by applicable law.	fled above with respect to the	e security interest(s) of Se	ecured Party authorizing this Continue	ation Statement is
This Change affects Debtor or Secured Party of record	ack one of these three boxes to CHANGE name and/or addres stem 6a or 6b; and item 7a or 7	ss: Complete 7b and here 7c 7a or 7		e: Give record name in Rem 6s or 6b
8. CURRENT RECORD INFORMATION: Complete for Party Information	n Change - provide only <u>one</u> n	ame (de or 6b)		
Ba. ORGANIZATION'S NAME				
Advanced Refreshment, LLC		, 44.	ADDITIONAL NAME(SWINTIAL(S)	SUFFIX
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL NAME(S)(NATIALIS)	SSFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide unty on	a marne (7a or 7b) (use exact, ful	name; do not omit, modify, or abbreviate any pe	ut of the Debtor's name)
7s. ORGANIZATION'S NAME				
OR 76. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			<i>(</i>	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
. ["]			DECEMBER OF THE PARTY OF THE PA	ACCION colleteral

	IAME OF SECURED PARTY OF RECORD AUTHO	ORIZING THIS AMENDMENT: Provide only one name (9s or e and provide name of authorizing Debtor	9b) (name of Assignor, If this is an As	signment)		Y _n	
	CHASE CAPITAL CORPORATION, as adminstrative agent						
	90. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME (S)/INITIAL	L(S) S	SUFFIX	4	
10.	OPTIONAL FILER REFERENCE DATA:			_	- 3	<i>F</i> .	

Skagit County Auditor (Advanced Refreshment LLC)

Indicate collateral:

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)