

UCC FINANCING STATEMENT AMENDMENT

Skagit County Auditor 2/24/2014 Page

1 of

\$72.00 1 8:45AM

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8	58-5294
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 84415067 - 306770 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skaqit)
1a. INITIAL FINANCING STATEMENT FILE NUMBER	(0.00917)

O. OEND RONNONCEDOMENT TO: (Name and Address)				
84415067 - 306770				
Corporation Service Company	ſ			
801 Adlai Stevenson Drive				
	iled In: Washington			
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	(49.7)	THE ABOVE S	SPACE IS FOR FILING OFFICE USE	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ATEMENT AMENDMENT is to be filed [fo	
200404090160 04/09/2004		(or recorded) in the REAL ESTATE RECORDS Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
2. TERMINATION: Effectiveness of the Financing Statement iden	tified above is terminated t			
Statement	mied above is terminated t	titi respect to the security in	nerest(s) or occurso rang administring in	ns remination
3. ASSIGNMENT (full or partial): Provide name of Assignee in ite	m 7a or 7b, and address o	f Assignee in item 7c and na	me of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate	affected collateral in item f	3		
4, CONTINUATION: Effectiveness of the Financing Statement ide	entified above with respect	to the security interest(s) of	Secured Party authorizing this Continua	ation Statement is
continued for the additional period provided by applicable law			and an analysis and an analysi	
5. PARTY INFORMATION CHANGE:				
	Check one of these three bo	oxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 3	address: Complete ADD	Oname: Complete itemOELETE name or 7b, <u>and</u> item 7cto be deleted in	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information			To be defended.	
6a. ORGANIZATION'S NAMECascade Ag Services, Inc	and ordinge provide only	OTIC HUMO (OU OF OD)		
Cascade rig Corrides, inc	•			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change and ide	about and according to the control of the control o	full name: do not and modify, as obbasists any ass	t of the Debtor's name)
7a. ORGANIZATION'S NAME	arry information Change - provide (only one hame (78 of 70) (use exact,	foll harrie, do not offilit, modify, or addreviate any part	t of the Deptor's harner
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
INDIVIDUAL O ADDITIONAL HAMILEONINI HALEO				GOLLIX
7c. MAILING ADDRESS	ICITY		ISTATE POSTAL CODE	COUNTRY
76. INALING ADDRESS	Citt		STATE POSTAL CODE	COONIE
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD coflateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	TUIC AMENDMENT: F	renido ostr oso osos (Os er C	Oh) (name of Australia if this is a facility	
If this is an Amendment authorized by a DEBTOR, check here and			ro) (name or Assignor, it this is an Assignir	пепц
9a. ORGANIZATION'S NAMEWashington Federal, succ				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Cascade	Ag Senices In	_ 367000_8 (1063	7000126)	