



Skagit County Auditor

\$72.00

CC FINANCING STATEMENT AMENDMENT 3/13/2014 Page

FOLLOWINSTRUCTIONS	MENI		3 -	110):52AM
A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	5294	7			
B. E-MAIL CONTACT AT FILER (optional)	<u> </u>	1			
SPRFilling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
85030158 - 320540		1			
Corporation Service Company	-				
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington				
Springhold, IE 02703	(Skagit)				
		THE ABOVE	SPACE IS FOR FILE	NG OFFICE USE (ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200403260103 03/26/2004		(or recorded) in the f	ATEMENT AMENDME REAL ESTATE RECOR nt Addendum (Form UCC	DS	-
TERMINATION: Effectiveness of the Financing Statement ider Statement	ntified above is terminated v	with respect to the security in	nterest(s) of Secured P	arty authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in its	om 7s or 7h, and address a	of Assignments them To and no	umo of Ancionas in itam	0	
For partial assignment, complete items 7 and 9 and also indicate			line of Assignor in hein	3	
CONTINUATION: Effectiveness of the Financing Statement ic continued for the additional period provided by applicable law	lentified above with respect	t to the security interest(s) of	f Secured Party authori	zing this Continuation	in Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	Check one of these three b		Diname: Complete item	DELETE name: (Give record name
This Change affects Debtor of Secured Party of record	item Ba or 6b; and item	7a or 7b <u>and</u> item 7c 7a o	or 7b, and item 7c	to be deleted in it	lem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAMEDEERPOINT/LINNWOOL				<u></u>	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	TSUFFIX
		77		.,	1
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or I	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		7// 33			
OR 75. INDIVIDUAL'S SURNAME					
75. INDIVIDUALS SURNAME			er en		
INDIVIDUAL'S FIRST PERSONAL NAME			<u></u>		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		The second			SUFFIX
7c. MAILING ADDRESS	CITY		STATE POST	AL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered	collateral A	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	3 THIS AMENOMENT: F	Provide only <u>one</u> name (9a or 9	9b) (name of Assignor, it	this is an Assignmer	11)
If this is an Amendment authorized by a DEBTOR, check here an	nd provide name of authorizing				<u> 449</u>
9a. ORGANIZATION'S NAMEUNION Bank, N.A.				ĺ	Z \$
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NA	WE(S)/iNITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: DEERP 17904/1921086044p	OINT/LINNWOOL	D LIMITED PARTN	IERSHIP - /rc		85030158