



## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** A NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294

**Skagit County Auditor** \$72.00 3/13/2014 Page 1 of 110:53AM

B. E-MAIL CONTACT AT FILER (optional)  SPRFilling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
85028079 - 320540	ק
Corporation Service Company	'
801 Adlai Stevenson Drive	
Springfield, IL 62703 Filed In: Washington	
(Skagit)	<u> </u>
1a, INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
200403260099 03/26/2004	(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 identified above is terminate Statement	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in items.	is of Assignee in item 7c <u>and</u> name of Assignor in item 9 am B
4. CONTINUATION: Effectiveness of the Financing Statement identified above with responding of the additional period provided by applicable law	pect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND Check one of these thre	e boxes to; /or address; Complete ADD name; Complete item DELETE name; Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and ite	em 7a or 7b <u>and</u> item 7c
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide o  6a. ORGANIZATION'S NAMEDEERPOINT/LINNWOOD LIMITED PAR	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERS	SONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - prov	ride 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	
75. INDIVIDUAL'S SURNAME	
INDIVIDUAL CIPCY PERSONAL AND A STATE OF THE	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR.	
9a. ORGANIZATION'S NAMEUNION Bank, N.A.	<del></del>

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor: DEERPOINT/LINNWOOD LIMITED PARTNERSHIP - /RC 179041921086044P

85028079

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)

9b. INDIVIDUAL'S SURNAME