

UCC FINANCING STATEMENT AMENDMENT

	LOWINSTRUCTIONS		77	01403	210045	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294			Skagit Count 3/21/2014	ty Auditor		\$72.00 11:27AM
	-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com		3/21/2014	raye	101 1	I I ZIAM
	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
'	85302074 - 320540 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	ed In: Washington				
lι		(Skagit)	1			
Ľ					R FILING OFFICE L	
	NITIAL FINANCING STATEMENT FILE NUMBER 0403260099 03/26/2004	<u>-</u> -	(or recorded) in the	REAL ESTATE F		l [for record] Debtor's name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement Identi Statement	fied above is terminated	with respect to the security i	nterest(s) of Sec	cured Parly authorizing	this Termination
3.	ASSIGNMENT (full or partial). Provide name of Assignee in iten For partial assignment, complete items 7 and 9 and also indicate a			ame of Assignor	in item 9	
4. 🗸	CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above with respec	t to the security interest(s) o	f Secured Party	authorizing this Contin	nuation Statement is
5.	PARTY INFORMATION CHANGE:	Check one of these three b	oxes to:			<u>, , , , , , , , , , , , , , , , , , , </u>
	neck <u>one</u> of these two boxes: his Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	address: CompleteAD	D name: Comple or 7b, and item 7	te item DELETE na	ame: Give record name ed in item 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Information	tion Change - provide only				
•	6a. ORGANIZATION'S NAMELACONNER INVESTMEN	ITS LLC				
OR	6b. INDIVIDUAL'S SURNAME	UAL NAME	NAME ADDITIONAL NAME(SYNNITIAL(S) SUFFIX			
ľ	6B. INDIVIDUAL'S SURNAME	FIRST PERSO	VAL NAME	ADDITIO	ANT INVINE (2) MINITINE	S) SOFFIX
7 C	HANGED OR ADDED INFORMATION: Complete for Assignment or Pa	rty Information Change - provide	only one name (7a or 7h) (use evar)	full name: do not on	nit modify or abbreviate any	nart of the Debtor's name)
	7a, ORGANIZATION'S NAME	nty illicitization change provide	Only Williams (1.0 dt 1.0 Lifense disease		,	, , , , , , , , , , , , , , , , , , ,
0.0	7b, INDIVIDUAL'S SURNAMÉ			potentia in programa		
0.0						
0.0	7b, INDIVIDUAL'S SURNAMÉ INDIVIDUAL'S FIRST PERSONAL NAME					
0.0					a	SUFFIX
0.0	INDIVIDUAL'S FIRST PERSONAL NAME				3	SUFFIX
OR	INDIVIDUAL'S FIRST PERSONAL NAME	СіТҮ		STATE	POSTAL CODE	SUFFIX
OR	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY ADD collateral	DELETE collateral		POSTAL CODE	
OR 7c. N	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS		DELETE collateral			COUNTRY
OR 7c. N	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			COUNTRY
7c. M 8	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here and	ADD collateral	Provide on∤y <u>one</u> name (9a or	RESTATE C	overed collateral	COUNTRY ASSIGN collateral
7c. M 8	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral THIS AMENDMENT:	Provide on∤y <u>one</u> name (9a or	RESTATE C	overed collateral	COUNTRY ASSIGN collateral

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

85302074

DEERPOINT/PP

10. OPTIONAL FILER REFERENCE DATA: Debtor: LACONNER INVESTMENTS LLC-/RC 17904/1921086044