



UCC FINANCING STATEMENT AMENDMENT

Skagit County Auditor

\$72.00

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)

LOAN SERVICING 800-775-8015

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

WASHINGTON FEDERAL

1 8:51AM 4/14/2014 Page 1 of

425 PIKE ST	'		
SEATTLE, WA 98101		SPACE IS FOR FILING OFFICE USE	
1a INITIAL FINANCING STATEMENT FILE NUMBER 201203150090 3/15/2012	(or recorded) in the	TATEMENT AMENDMENT is to be filed [fo REAL ESTATE RECORDS ent Addendum (Form <u>UCC3Ad) and p</u> rovide <u>Det</u>	•
TERMINATION: Effectiveness of the Financing Statement ident Statement	tified above is terminated with respect to the security	interest(s) of Secured Party authorizing th	is Termination
ASSIGNMENT (full or partial). Provide name of Assignee in itel For partial assignment, complete items 7 and 9 and also indicate a		ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement-ide continued for the additional period provided by applicable law	entified above with respect to the security interest(s)	of Secured Party authorizing this Continua	tion Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record	Check one of these three boxes to: CHANGE name and/or address: Complete litem 6a or 6b; and item 7a or 7b and item 7c		r: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	ation Change - provide only <u>one</u> name (6a or 6b)		
8a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S SURNAME RIMMER	FIRST PERSONAL NAME NANCY	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - provide only <u>prie</u> name (7a or 7b) (use exa	ct, full name; do not omit, modify, or abbreviate any par	t of the Deblor's name)
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME		W.	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	Сітү	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: indicate collateral:	ADD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral

 NAME OF SECURED PART If this is an Amendment authorized 		GITHIS AMENDMENT: Provide only <u>one</u> name (Id provide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME WASHINGTON			A 4/8/2	2014
96 INDIVIDUAL'S SURNAME	m Nattu	FIRST PERSONAL NAME	ADDITIONAL NAME (S) INTIAL(S)	SUFFIX

10, OPTIONAL FILER REFERENCE DATA: DEBTOR: RIMMER, 401915-4

SKAGIT, WA