

UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)



Corporation Service Company 1-800-858-5294	Skagit County Auditor	\$72.00
B. E-MAIL CONTACT AT FILER (optional)	5/30/2014 Page 1	of 1 8:52AM
SPRFilling@cscinfo.com		
C. SEND ACKNOWLEDGMENT To: (Name and Address)	1	
87418165 - 305020		
Corporation Service Company	<u> </u>	
801 Adlai Stevenson Drive		
Springfield, IL 62703-4261 Filed In: Washington		
(Skagit)		
	THE ABOVE SPACE IS FOR FILING	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201003150058 3/15/2010	1b. This FINANCING STATEMENT AMENDMENT (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad)	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated v	أحصور والمتعارض	
Statement Statement of the Financing Statement of Statement of Statement Statement of Statement	With respect to the security interest(s) of Secured Party	authorizing this Termination
ASSIGNMENT (full or partial). Provide name of Assigned in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collecteral in item 6.		
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect	to the security interest(s) of Secured Party authorizing	g this Continuation Statement is
continued for the additional period provided by applicable law		
5. PARTY INFORMATION CHANGE;		
Check one of these two boxes:  AND Check one of these three boxes:  CHANGE name and/or a		DELETE name: Give record name
This Change affects Debtor or Secured Party of record item 66 or 6b; and item 7	7a or 7b and item 7c 7a or 7b, and item 7c	to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only	one name (6a or 6b)	
6a. ORGANIZATION'S NAMENIELSEN BROTHERS, INC.		
OR COMPONENT CONTRACTOR OF CON		
66. INDIVIDUAL'S SURNAME FIRST PERSON	ADDITIONAL NAME	(S)//NITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide a	saly soo 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		
	or readoms	
OR 7b. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7c. MAILING ADDRESS CITY	ISTATE IPOSTAL C	CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered colla	ateral ASSIGN collateral
Indicate collateral:		

i		MENDMENT: Provide only <u>one</u> name (9a or 9b) (r name of authorizing Debtor	name of Assignor, if this is an Assignmen	6//
	9a. ORGANIZATION'S NAMEWhidbey Island Bank		1	
JK	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: NIELSEN BROTHERS, INC.

87418165