



Skagit County Auditor 7/21/2014 Page

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UCC FINANCING STATEMENT AMENDMENT	3.	1 0.4170
FOLLOWINSTRUCTIONS		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@eseinfo.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<b></b> ]	
89160062 - 375680	¬ (	
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Corporation Service Company 801 Adlai Stevenson Drive		
Springfield, IL 62703 Filed In: Washington	ı <b>İ</b>	
(Skagit		
	THE ABOVE SPACE IS FOR	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201207120025 07/12/2012	1b. This FINANCING STATEMENT AMEN (or recorded) in the REAL ESTATE RE Filer: attach Amendment Addendum (Form	CORDS UCC3Ad) <u>and</u> provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminal Statement	ed with respect to the security interest(s) of Secu	red Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 75, and address for partial assignment, complete items 7 and 9 and also indicate affected collateral in it.		item 9
4. CONTINUATION: Effectiveness of the Financing Statement identified above with rescontinued for the additional period provided by applicable law	pect to the security interest(s) of Secured Party a	uthorizing this Continuation Statement is
5, PARTY INFORMATION CHANGE:		
Check age of these two bayes:  AND Check are of these thin	e boxes to:	
This Change affects Debtor or Secured Party of record CPIANGE name and item 6a or 6b; and 6a or 6b	/or address: Complete em 7a or 7b <u>and</u> item 7c7a or 7b, <u>and</u> item 7c	item DELETE name: Give record name 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 NAME		
OR 66. INDIVIDUAL'S SURNAME FIRST PER	SONAL NAME ADDITION	AL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - pro	vide only one name (7a or 75) (use wast, full name, do not omit,	modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME		
OR 75. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	The second second	
7c. MAILING ADDRESS CITY	LSTATE F	COUNTRY COUNTRY
		and the second s
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE COV	ered collateral ASSIGN collateral
Indicate collateral:		
ROOI		
	*	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN	Provide only one name (9a or 9h) (name of Assir	onor if this is an ession sent)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here		
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized name o		
9a. ORGANIZATION'S NAME1st Security Bank of Washington	rizing Debtor	
9a. ORGANIZATION'S NAME1st Security Bank of Washington	rizing Debtor	AL NAME(S)/INITIAL(S)
9a. ORGANIZATION'S NAME1st Security Bank of Washington	orizing Debtor SONAL NAME ADDITIONA	