



UCC FINANCING STATEMENT AMENDMENT \$72.00 FOLLOW INSTRUCTIONS Skagit County Auditor NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294 1 8:33AM 1 of 8/19/2014 Page B. E-MAIL CONTACT AT FILER (optional) SPRFiling@escinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 90040284 - 375680 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 200502240035 02/24/2005 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collaboral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement wentled above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes CHANGE name and/or address: Complete item 5a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change, provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only one harms of an Chi. Luge eract, full name, do not omit, modify, or abbreviate any part of the Debtor's name; 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS 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: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of authorizing Debtor 9a ORGANIZATION'S NAME 1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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

90040284

10. OPTIONAL FILER REFERENCE DATA: Debtor: DEBTOR = TYRA HOWARD - HOWARD 8816131074