



Skagit County Auditor

\$73.00

UCC FINANCING STATEMENT AMENDMENT 9/12/2014 Page

1 of 2 8:36AM

FO	LLOW INSTRUCTIONS				
	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	***	1		
	E-MAIL CONTACT AT FILER (optional)		-		
	SPRFiling@cscirfo.com				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	90819592 - 375680		1		
'	Corporation Service Company	•			
İ	801 Adlai Stevenson Drive				
L	Springfield, IL 62703 Filed In: W	Vashington (Skagit)			
		(Okagii)	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 01108050047 08/05/2011		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS dendum (Form UCC3Ad) and provide Debto	
2.	TERMINATION: Effectiveness of the Financing Statement Identified above Statement	e is terminated v			
3. [ASSIGNMENT (full or partial): Provide name of Assignee is item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected or	and address o	1 Assignee in item 7c <u>and</u> name c 8	f Assignor in item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement dentified ab continued for the additional period provided by applicable law	eve with respect	to the security interest(s) of Secu	ured Party authorizing this Continuation	on Statement is
5.[PARTY INFORMATION CHANGE:				
(Check one of these two boxes: AND Check one of these two boxes: AND Check one			ne: Complete item DELETE name:	Give record name
_		B*	7a.or7b. <u>and</u> item 7c7a.or7b,	and item 7c to be deleted in i	tem 6a or 6b
b. 1	CURRENT RECORD INFORMATION: Complete for Party Information Charges of Complete Compl	ge oprovide only	one name (6a or 6b)		
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	TAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	BENJAMIN	LARRY		The state of the s	
7. 1	I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati	on Change – provide"	usly one name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate any part o	f the Debtor's name)
	7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S SURNAME				
	18. HEITIBOTE O CONTORNE			W _m	
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· -			SUFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. [collateral	DELETE collateral	ESTATE covered collateral A	SSIGN collateral
R	Indicate collateral:				
• • • • • • • • • • • • • • • • • • • •	501				
ΑF	PN; P100484				
, .,					
LE	GAL: LOTS 4 THROUGH 16, BLOCK 1 "THE HAM	ILTON TO	WNSITE COMPANY	S FIRST ADDITION TO	THE
	OWN OF HAMILTON, SKAGIT CO., WASHINGTON,				4
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN				
	f this is an Amendment authorized by a DEBTOR, check here 🔲 and provide n	ame of authorizing			440
	9a. ORGANIZATION'S NAME1st Security Bank of Washington	1			11/1
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	JSUFFIX
			/V IIII-		The state of the s
10.	COPTIONAL FILER REFERENCE DATA: Debtor: LARRY BENJA	MIN-JENN	IIFER BENJAMIN	L	90819592
					コリロコプンガム

OLLOW INSTRUCTIONS 1. INITIAL FINANCING ST 201108050047 08	ATEMENT FILE NUMBER: : 05/2011	Same as item 1a on Amendmer	nt form				
	ORIZING THIS AMENDMEN	IT: Same as item 9 on Amend	ment form				
12a ORGANIZATION'S M 1st Security Ban	ME A						
12b. INDIVIDUAL'S SURN	AME						
FIRST PERSONAL N	All the state of t	processing the second s					
ADDITIONAL NAME(SUFFIX			R FILING OFFICE	
	elated financing statement (N 3b) (use exact, full name, do not						13): Provide on
13a. ORGANIZATION'S N	- All Distriction of the Control of						
R 13b. INDIVIDUAL'S SURN	AME	FIRST	PERSONAL NAME		ADDITIONAL N	VAME(S)/INITIAL(S)	SUFFIX
. ADDITIONAL SPACE F	OR ITEM 8 (Collateral):				·		J
_		eteral Tis filed as a fixture		on of real estate:			
covers timber to be cul	covers as-extracted colla			on of real estate:			
6. Name and address of a RE	covers as-extracted colla				2 0 1 4 0 9	/ I E V V I T	