

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS **Skagit County Auditor** \$72.00 A. NAME & PHONE OF CONTACT AT FILER (optional) 11/14/2014 Page Jan Willmering 1 of (509) 327-9634 8:45AM B. E-MAIL CONTACT AT FILER (optional) janw@upfservices.com C. SEND ACKNOWLEDGMENT TO Name and Address) **UPF Services** 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 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 201111080024 Filed 11/8/2011 iler; attach Amendment Addendum (Form UCC3Ad) 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of assignee inflem 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 effected colleteral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified 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. PARTY INFORMATION CHANGE: Check one of these two boxes: AND check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item Debtor or Secured Party of record item 6s or %b; and item 7a or 7b and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR : 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CRUMBAUGH LOUARD 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (78 or 70) (use exact 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 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA 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 at this is an Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor Puget Sound Cooperative Credit Union 9b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S)

Loan #

SBA Loan #

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #2718030-26839