



UCC FINANCING STATEMENT AMENDMENT Skagit County Auditor 3/23/2015 Page

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USA

ASSIGN collateral.

FOLLOW INSTRUCTIONS		
A NAME & PHONE OF CONTACT AT Jan Willmering	T FILER [optional] (509) 327-9634	
B. E-MAIL CONTACT AT FILER (coti	onal)	
janw@upfservices	.com	
C. SEND ACKNOWLEDGMENT TO:	(Name and Address)	
UPF Services		
12410 E. Mirabe	au Parkway, Ste 100	
Spokane Valley, WA 99216		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 201207300095 Filed 7/30/2012 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 assigned in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified slowe 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: Check one of these two boxes: AND check one of these three boxes to: CHANGE name and/or address: Complete DELETE name: Give record name This Change affects | Debtor or | Secured Party of record item 6a or %b; and item 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 figure (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Kimberly Miller Α 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one frame (7a or 7b) tuse exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

9. NAME OF SECURED PARTY OF RECOR	D AUTHORIZING THIS AMENDMENT: Provide only on	e name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR of	neck here and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME Puget Sound Cooperative	Credit Union	
9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA UPF Tracking #2804624-27731	Loan #	SBA Loan #

DELETE collateral

RESTATE covered Collateral

8 COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

Indicate collateral: