



201504090033

Skagit County Auditor

4/9/2015 Page

1 of

\$73.00

2 11:30AM

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|   |                                 |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone: (800) 331-3282 Fax: (818) 662-4141   |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 17956 - RED                                     |                                 |
| CT Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                | 47516077<br><br>WAWA<br>FIXTURE |

File with: Skagit, WA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |                          |  |                                      |
|--|--------------------------|--|--------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>201008160150 8/16/2010 CC WA Skagit   |                          | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |                                      |
| 2. <input type="checkbox"/> 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. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8   |                          |  |                                      |
| 4. <input checked="" type="checkbox"/> 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   |                          |  |                                      |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes:<br>This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record<br>AND Check one of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> 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<br>HP HEART PARTNERS, LLC  |                          |  |                                      |
| OR   | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME  | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (Use exact, 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  |                          | CITY   | STATE POSTAL CODE COUNTRY            |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>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)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                          |                     |                                      |
| 9a. ORGANIZATION'S NAME<br>FANNIE MAE  |                          |                     |                                      |
| OR   | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: HP HEART PARTNERS, LLC<br>47516077 FANNIE MAE 270004724  |                          |                     |                                      |

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

201008160150 8/16/2010 CC WA Skagit

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

FANNIE MAE

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

HP HEART PARTNERS, LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

HP HEART PARTNERS, LLC - C/O FRONTIER MANAGEMENT, LLC 17400 SW UPPER BOONES FERRY ROAD, SUITE 2, DURHAM, OR 97224

Secured Party Name and Address:

FANNIE MAE - 3900 WISCONSIN AVENUE, N.W., WASHINGTON, DC 20016

RED MORTGAGE CAPITAL, LLC - TWO MIRANOVA PLACE, 12TH FLOOR, COLUMBUS, OH 43215

The names of additional authorizing parties

1) RED MORTGAGE CAPITAL, LLC

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS: 47516077-WA-57 17956 - RED MORTGAGE CAPITAL FANNIE MAE

File with: Skagit, WA

FANNIE MAE 270004724