



**Skagit County Auditor** UCC FINANCING STATEMENT AMENDMENT 5/15/2015 Page

\$72.00 1 8:41AM

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) (509) 327-9634 Aimee Rasmussen B. E-MAIL CONTACT AT FILER (optional) aimeer@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 3b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201102070052 FILED @2/07/11 iler attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 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 Assigned in Item 7c, and name of Assignor in Item 9 For partial assignment, complete items 7 and 9 and also indicate affected collaieral 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. 5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND check see of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a of 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be detelled 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 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Emerson Linda 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one frame (7 or 7th) (use 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 USA DELETE collateral RESTATE covered Collaleral COLLATERAL CHANGE: Also check ane of these four boxes: ADD collateral ASSIGN collateral Indicate collateral:

9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING 1	THIS AMENDMENT: Provide only on	e name (9a or 9b) (name of Assignor, if this is an Assignment)
		vide name of authorizing Debtor	
	9a ORGANIZATION'S NAME		
	Puget Sound Cooperative Credit Union	n	
OR	9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #2839608-28131

Loan #13443

SBA Loan #