



## UCC FINANCING STATEMENT AMENDMENT

**Skagit County Auditor** 6/15/2015 Page

\$72.00 1 8:43AM

	PLLOW INSTRUCTIONS			
Α.	NAME & PHONE OF CONTACT AT FILER [optional] Aimee Rasmussen (509) 327-9634			
	E-MAIL CONTACT AT FILER (contional)			
a	imeer@upfservices.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
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	UPF Services	1		
	12410 E. Mirabeau Parkway, Ste 100			
	Spokane Valley, WA 99216			
		1		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201010060004 FILED 10/6/10 Filer attach Amendment Addendum (Form UCC3Ad) and p 2. V 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 in item 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 affected collateral 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: AND check are of these three boxes to: Check gne of these two boxes: 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 or 6b; 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 hame (6a or 6b) 6a ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Keith Strieck 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only of an arms (7 are 7 b) use exact full name; do not print, 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 COUNTRY 7c. MAILING ADDRESS CITY STATE | POSTAL CODE USA 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered Colleteral ASSIGN collateral. Indicate collateral

9. NAME OF SECURED PARTY OF REC	ORD AUTHORIZING THIS AMENDMENT: Provide only of	one name (9a or 9b) (name of Assignor of this is as	(Assignment)	
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME				
Puget Sound Cooperativ	e Credit Union			
OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
		1	<u> </u>	
10. OPTIONAL FILER REFERENCE DATA UPF Tracking #2873715-28341	Loan #13073	SBA Loan#		