



Skagit County Auditor 10/6/2015 Page

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\$72.00 1 8:59AM

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)	204	1			
Corporation Service Company 1-800-858-52 B. E-MAIL CONTACT AT FILEB (optional)		4			
SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
105798569 - 344670					
Corporation Service Company					
801 Adlai Stevenson Drive Springfield, IL 62703 File	ed In: Washington	1			
Springheid, it 62765	(Skagit)				
	(4114	THE AB	OVE SPACE IS FOR FIL	ING OFFICE USE C	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200512010129 12/01/2005		(or recorded) in	NG STATEMENT AMENDME IT the REAL ESTATE RECO endment Addendum (Form UCC	₹DS	
2. TERMINATION: Effectiveness of the Financing Statement identif	spove is terminated				
Statement		·			
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a	n 7a or 7b, and address of fiscled collaboral in item	f Assignee in item 7c ; 8	and name of Assignor in iter	n 9	
4. CONTINUATION: Effectiveness of the Financing Statement idea continued for the additional period provided by applicable law	ntified above with respec	t to the security interes	st(s) of Secured Party autho	rizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					_
Check one of these two boxes: AND C	heck <u>one</u> of these three b — CHANGE name and/or		ADD name: Complete item	nerett name:	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c	ADD name: Complete item 7a or 7b, <u>and</u> item 7c	to be deleted in it	em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	ion Change - provide only	one name (6a or 6b)			
6a, ORGANIZATION'S NAMEC & G TIMBER, INC.	v .				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PLRSØI	VAL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
SOUND ONL S CONTOUND					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	dy Information Change - provide	only one name (7a so %) (us	se exact full name: do not omit, mod	ity, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME	.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
			/		
OR 76. INDIVIDUAL'S SURNAME			A service of the serv		
		AND THE PERSONS ASSESSMENT			
INDIVIDUAL'S FIRST PERSONAL NAME					
					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	СІТУ		STATE POS	JAL CODE	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	СІТҮ		STATE POS	AL CODE	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS		DELETE collateral			COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes;	CITY ADD collateral	DELETE collateral			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS		DELETE collateral			COUNTRY
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	ADD collateral	Provide only <u>one</u> name	RESTATE COVERN	Scollsteral A	COUNTRY SSIGN collateral
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