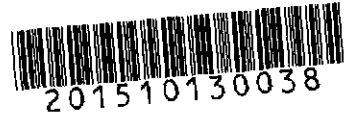


UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS



Skagit County Auditor 10/13/2015 Page 1 of 1 \$73.00 11:10:26AM

A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634
B. E-MAIL CONTACT AT FILER (optional) dianan@uptservices.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

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201503020045 Filed 3/2/15
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. 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. 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

4. 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 one of these three boxes to: CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME
OR 6b. INDIVIDUAL'S SURNAME Nielsen FIRST PERSONAL NAME Jonathan ADDITIONAL NAME(S)/INITIAL(S) L 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 USA

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered Collateral ASSIGN collateral. 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) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union
OR 9b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #2990239-29429 Loan # SBA Loan #