



Skagit County Auditor 10/14/2015 Page

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\$73.00 1 8:39AM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	IN I		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfe.com			
C. SEND ACKNOWLEDGMENT TO: (Maine and Address)			
106461505 - 332030	<u> </u>		
Corporation Service Company	i		
801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed In	n: Washington		
	(Skagit)	BOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCI	NG STATEMENT AMENDMENT is to be file	
201104200005 04/20/2011		in the REAL ESTATE RECORDS nendment Addendum (Form UCC3Ad) <u>and</u> provid	e Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated with respect to the sec	curity interest(s) of Secured Party authorizing	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assigned in fem 7a c For partial assignment, complete items 7 and 9 and also indicate affects		and name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	Doore with respect to the security intere	st(s) of Secured Party authorizing this Conf	inuation Statement is
5. PARTY INFORMATION CHANGE:			
	oge of triese three boxes to:	ADD name: Complete item DELETE :	name: Give record name
	ANSE name and/or address: Complete in 6a or 6b; and item 7a or 7b and item 7c	7a or 7b, and item 7c to be dele	ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAMETHE Fat Cat, LLC	hange rerovide only one name (6a or 6b)		
· ·			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAI	(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only one name (7a or 7b) (u	se exact, full name; do not omit, modify, or abbreviate ar	y part of the Debtor's name)
7a. ORGANIZATION'S NAME	The second secon		
75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUALS FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collatera	I RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
		The state of the s	<u></u>
			antie No.
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	• **-	(9a or 9b) (name of Assignor, if this is an As	signment
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provi	5 AMENDMENT: Provide only <u>one</u> name de name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an As	signment)
If this is an Amendment authorized by a DEBTOR, check here and provi	• **-	(9a or 9b) (name of Assignor, if this is an As	signment
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provi	• **-	(9a or 9b) (name of Assignor, if this is an Assignor, if the Assignor is a second contact the Assig	
If this is an Amendment authorized by a DEBTOR, check here and provi	de name of authorizing Debtor FIRST PERSONAL NAME		