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Skagit County Auditor

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1 11:07AM

| UC | C FINANCING STATEMENT AMENDMENT | | 10/20/2 | • • | | | |
|-------|---|--|---------------------------------------|--|--------------------------------------|---------------------|--|
| FOL | LOW INSTRUCTIONS | | | | | | |
| A. I | NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 | | | | | | |
| | -MAIL CONTACT AT FILER (optional) SPRFilling@escinfo.com | |] | | | | |
| C. 8 | SEND ACKNOWLEDGMENT TO: (Name and Address) | | 1 | | | | |
| | 107033966 - 344670 | | | | | | |
| | Corporation Service Company | | | | | | |
| | 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: W | | | | | | |
| 1 | Springfield, IL 62/03 ** | asnington (Skagit) | J | | | | |
| L | | (Skagit) | THE AS | OVE SPACE IS FOR FILI | NG OFFICE USE C | ONLY | |
| 1a. i | NITIAL FINANCING STATEMENT FILE NUMBER | | | NG STATEMENT AMENDME | | | |
| | 0101110020 01/11/2001 | | (or recorded) Filer: attach An | in the REAL ESTATE RECOR nendment Addendum (Form UCC) | DS 3Ad) <u>and</u> provide Debtor | r's name in item 13 | |
| 2. | TERMINATION: Effectiveness of the Financing Statement identified above Statement | is terminated w | vith respect to the se | curity interest(s) of Secured P | arty authorizing this | Termination | |
| 3. | ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected co | | | and name of Assignor in item | 9 | | |
| 4. 💆 | CONTINUATION: Effectiveness of the Financing Statement Identified abs continued for the additional period provided by applicable law | ve with respect | to the security intere | est(s) of Secured Party authori | zing this Continuatio | n Statement is | |
| 5. | PARTY INFORMATION CHANGE: | A STATE OF THE PARTY OF THE PAR | | | | | |
| С | neck one of these two boxes: | | oxes to: iddress: Complete | ADD name: Complete item | DELETE name: (| Cive moord name | |
| TI | nis Change affects Debtor or Secured Party of record item Sa | or 6b; <u>and</u> item 7 | a or 7b and item 7c | 7a or 7b, and item 7c | to be deleted in it | em 6a or 6b | |
| | URRENT RECORD INFORMATION: Complete for Party Information Change | e - provide only | one name (6a or 6b) | | | | |
| ļ | 6a. ORGANIZATION'S NAME | | | | | | |
| OR | | | <u> </u> | | | 77 | |
| | | FIRST PERSON | A A A A A A A A A A A A A A A A A A A | ADDITIONAL NA | ME(S)/INITIAL(S) | SUFFIX | |
| | HOUSTON | CLIIVI | | | | | |
| 7. (| HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME | n Change - provide | only one name (7a or 7b) (u | se exact, full name; do not omit, modify | , or abbreviate any part of | the Debtor's name) | |
| | 74. ORGANIZATIONS NAME | | | | | | |
| OR | b. INDIVIDUAL'S SURNAME | | | | | | |
| | TE. HOWES SOLITABLE | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | |
| | INDIVIDUALS ADDITIONAL NAME(S)/INITIAL(S) | | * | The state of the s | | SUFFIX | |
| 7c. | MAILING ADDRESS | CITY | | STATE POST | AL CODE | COUNTRY | |
| | | | | | | USA | |
| 8. | COLLATERAL CHANGE: Also check one of these four boxes: ADD | collateral | DELETE collatera | I RESTATE COVERN | collateral A | SSIGN collateral | |
| | Indicate collateral: | | | | | | |
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| | | | | | | h. | |
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| | | | | | | | |
| 9. N | IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM | IENDMENT: 0 | Provide polu one name | (9a of 9h) (name of Assignment | if this is an Assignmen | nt / | |
| | this is an Amendment authorized by a DEBTOR, check here - and provide na | ame of authorizing | • | 1== at polytrettie or posiditor! | IS ELLY MANUEL REPORT | | |
| | 98. ORGANIZATION'S NAMESKAGIT STATE BANK | | | | / | 7/1 | |
| OR | 9b. INDIVIDUAL'S SURNAME | EIDOT CEDOS: | las biaser | A DOUTH ON A LAND | MEGUNITALIC | Touceiv A | |
| | BU TIME TOUGH S SURVAME | FIRST PERSON | IAL NAME | ADDITIONAL NA | ME(S)/INITIAL(S) | SUFFIX | |

107033966

10. OPTIONAL FILER REFERENCE DATA: Debtor: HOUSTON, CLINTON C