

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) \$73.00 **Skagit County Auditor** Diana Norberg (509) 327-9634 1 11:06AM 12/4/2015 Page 1 of B. E-MAIL CONTACT AT FILER (sotions! dianan@upfservices.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 ▼ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 201205210007 Filed 5/21/2012 2 🗸 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 assignce in item 7a or 7b, and address of Assignce in item 7c, and name of Assignce in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collaboration 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 one of these three boxes to: Check one of these two boxes: DELETE name: Give record name CHANGE name and/or address: Complete ADD name: Complete item , This Change affects Debtor or Secured Party of record item 6a or 6b; and item 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 opename (6a or 6b) 6a ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) KENT FAGAN 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 2b) tiese exact full name; do not omit, modify, or abbreviate any part of the Debtor's na 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$ SHEEK 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY USA DELETE collateral RESTATE covered Collateral ASSIGN collateral COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, it 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 ADDITIONAL NAME(\$)/INITIAL(\$) INDIVIDUAL'S FIRST NAME

SBA Loan #

Loan #

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3035033-30099