

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800 Skagit County Auditor \$74 00 1-800-858-5294 12/7/2015 Page 1 of 211:01AM B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 108793869 - 344670 Corporation Service Company, 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201102030016 02/03/2011 Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 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 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 For partial assignment, complete items 7 and 9 and also indicate affected collaperal in Item 8 4. ONTINUATION: 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: AND Check the of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a br 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, <u>and</u> item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - crovide only one name (6a or 6b) 69. ORGANIZATION'S NAMEROSE POINT LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (Isro 7b) use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY USA 8. COLLATERAL CHANGE: Also check one of these four boxes: ____ADD collateral DELETE collateral RESTATE sovered collateral ASSIGN collateral indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENOMENT: 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 Pa. ORGANIZATION'S NAMESKagit State Bank

FIRST PERSONAL NAME

108793869 Service Company

SUFF

ADDITIONAL NAME(S)/INITIAL(S)

10. OPTIONAL FILER REFERENCE DATA: Debtor: ROSE POINT LLC

OR 90. INDIVIDUAL'S SURNAME

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