



Skagit County Auditor 12/22/2015 Page

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\$73.00 1 9:21AM

FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional)			
Corporation Service Company 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional)			
SPRFiling@escinfo.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
109443728 - 375680	<u> </u>		
Corporation Service Company	' <b> </b>		
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: W	(achington		
I I	(Skagit)		
		ABOVE SPACE IS FOR FI	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201407250021 07/25/2014	(or recon	NICING STATEMENT AMENDA led) in the REAL ESTATE REC the Amendment Addendum (Form UC	DRDS CC3Ad) and provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated with respect to th	e security interest(s) of Secured	Party authorizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7e	and address of Assignee in Iter	n 7c and name of Assignor in ite	em 9
For partial assignment, complete items 7 and 9 and also indicate affected of			
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	eve with respect to the security to	iterest(s) of Secured Party auth	orizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:			
Class	of these three boxes to: E name and/or address: Complet	ADD name: Complete ite	mDELETE name: Give record name
This Change affects Debtor or Secured Party of record item 6	or 6b; <u>and</u> item 7a or 7b <u>and</u> item	7c 7a or 7b, <u>and</u> item 7c	to be deleted in item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Changes</li> <li>Ga. ORGANIZATION'S NAME</li> </ol>	ga - randvide briny <u>Orie rasine</u> (da or		
			····
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati	on Change - grovide only one name (7avir	761 Vuse exact full name: do not omit mo	wify or abbreviate any part of the Debtor's name)
79. ORGANIZATION'S NAME	/ /		
OR THE WHITE PLANTS OF THE PLANTS		<u> </u>	
7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME		<del>//</del>	
		<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		The same of the sa	SUFFIX
7c. MAILING ADDRESS	CITY	STATE PO	STAL CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral DELETE col	aleral RESTATE adver	sit collateral ASSIGN collateral
Indicate collateral:			
		4	
A MANE OF SECURED PARTY OF PEOORS AND THE STATE OF	ICHOMONT: 5	and the second transmit is a second	or if this is no Additional and
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AT If this is an Amendment authorized by a DEBTOR, check here and provide r</li> </ol>	IENDMENT: Provide only <u>one</u> i ame of authorizing Debtor	lame (9a or 9b) (name of Assigno	r, it this is an Assignment)
9a. ORGANIZATION'S NAME 1st Security Bank of Washington	1		
OR 95. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIONAL	NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Gwin, Lee - 51	50744100		109443728