

## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER [optional] \$73.00 **Skagit County Auditor** Diana Norberg (509) 327-9634 1 of 9:08AM 12/28/2015 Page B. E-MAIL CONTACT AT FILER (options) 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 This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201510260079 Filed 10/26/2015 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 3. 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 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 5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND check one of these three boxes to CHANGE name and/or address: Complete ADD name: Complete item This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 66. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX KNAUFT NIKOLE 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only sine name (28 of 26) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX 7c. MAILING ADDRESS FOSTAL CODE COUNTRY CITY **USA** 8. COLLATERAL CHANGE: Also check one of these four baxes: ADD collateral DELETE collateral RESTATE covered Collaborate ASSIGN collateral. Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, statis 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 96 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S)

Loan #

SBA Loan #

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3063137-30325