



UCC FINANCING STATEMENT AMENDMENT

201601190 Skagit County Auditor

\$73.00

FOLLOWINSTRUCTIONS	Skagit County A		25AM
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	1/19/2016 Pag	ge 1 0 1 1 1 2 1	
B. E-MAIL CONTACT AT FILER (optional)			
SPRFiling@escinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	 		
110534917 - 375680	1		
Corporation Service Company 801 Adlai Stevenson Drive	·		
Springfield, IL 62703 Filed In: Washin	gton		
	agit)		
1a. INITIAL FINANCING STATEMENT FILE NUMBER		E IS FOR FILING OFFICE USE I ENT AMENDMENT IS to be filed (for ESTATE RECORDS	
201502030038 02/03/2015	Filer: attact: Amendment Add	endum (Form UCC3Ad) and provide Debto	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is terr Statement	minated with respect to the security interes	t(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 75, and a For partial assignment, complete items 7 and 9 and also indicate affected appliabral		Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law	n respect to the security interest(s) of Secu	red Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: AND Check one of these two boxes: AND Check one of these two boxes:	e three boxes to:	e; Complete item DELETE name:	Give record name
	and item 7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7c to be deleted in i	tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change Ga. ORGANIZATION'S NAME	vide only one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chang	e - provide only <u>one</u> name (74 or 7b) (use exact, full nar	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME	Orthography (_	
OR 7b. INDIVIDUAL'S SURNAME			·
	The second of th		
INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>	
		Y_A	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collate	ral DELETE collateral R	ESTATE covered coffateral	ASSIGN collateral
Indicate collateral:			
			As.
•			
			4)
A NAME OF SECURED PARTY OF RECORD AND THE STATE OF	ACME CONTRACTOR OF THE CONTRAC		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDM If this is an Amendment authorized by a DEBTOR, check here and provide name of		ame of Assignor, if this is an Assignime	ens) / / / A
9a. ORGANIZATION'S NAME 1st Security Bank of Washington			
00		³ Ng	A STATE OF THE STA
OR 9b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Hobbs, James Jr -	5150807490	_	110534917