



Skagit County Auditor 3/21/2016 Page

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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	•	
A. NAME & PHONE OF CONTACT AT FILER (optional)  LOAN SERVICING 800-324-9375		
B. E-MAIL CONTACT AT FILER (optional)		
C. SEND ACKNOWLEUGMENT TO (Name and Address)		
WASHINGTON FEDERAL	<u> </u>	
WASHINGTOS PEDERAL	!	
425 PIKE ST		
SEATTLE, WA 98101		
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. 7 This FINANCI	NG STATEMENT AMENDMENT is to be filed [for record]
201106290042 6/29/2011	(or recorded) Filer: <u>attach</u> An	in the REAL ESTATE RECORDS nendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with respect to the ser	curity interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of Assigned in Item 7a or 7b,		and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected as		
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified and continued for the additional period provided by applicable law</li> </ol>	we with respect to the security intere	est(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:		
CHANG	of these three boxes to:  name and/or address: Complete	ADD name: Complete itemDELETE name: Give record name
This Change affects Debtor or Secured Party of record item 66  CURRENT RECORD INFORMATION: Complete for Party Information Change	or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	7a or 7b, and item 7c to be deleted in item 6a or 6b
6a. ORGANIZATION'S NAME		
OR 6b. INDIVIDUAL'S SURNAME	SUPOT OF SOME WAS	ADDITIONAL NAME(SVINITIAL(S)   SUFFIX
PENMAN	FIRST PERSONAL NAME  MARY JANE	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information		ke exact. full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a, ORGANIZATION'S NAME		
OR 75. INDIVIDUAL'S SURNAME		//
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	**	
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD	collatera) DELETE collatera	A RESIATE covered follateral ASSIGN collateral
Indicate collateral:	_	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IFNDMENT: 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 no	ame of authorizing Debtor	
98. ORGANIZATION'S NAME WASHINGTON FEDERAL		03/15/2016
OB	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: DEBTOR: PENMAN, 317017-2		SKAGIT, WA \$73.00