

UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	2 (		\$ <b>}    11  </b>	
B. E-MAIL CONTACT AT FILER (optional)	Skagit Count	y Auditor	\$73.00	
SPRFiling@cscinfo.com	3/21/2016	Page 1 of	1 11:30AM	
C. SEND ACKNOWLEDGMENT TO: (Marne and Address)	_ i			
113359107 - 305470 Corporation Service Company	11			
801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: Washing	* 1 I			
(Ska	agit) THE ABOVE SPA	CE IS FOR FILING OFFICE U	SE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER	16. This FINANCING STATE	MENT AMENDMENT is to be filed		
200103270081 03/27/2001	(or recorded) in the REAt Filer: attach Amendment Ad	dendum (Form UCC3Ad) and provide t	Debtor's name in item 13	
2. TERMINATION: Effectiveness of the Financing Statement identified above is term Statement	ninated with respect to the security intere	st(s) of Secured Party authorizing	this Termination	
ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b, and ac	ddress of Assignee in Item 7c and name	of Assignor in item 9	<del></del>	
For partial assignment, complete items 7 and 9 and also indicate affected collaboral			<u></u>	
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 Sec	cured Party authorizing this Contin	luation 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:		ne: Complete item DELETE na	ime: Give record name	
	and item 7a or 7b <u>and</u> item 7c 7a or 7b		d in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change Party  [6a. ORGANIZATION'S NAMERADIUS ANACORTES PROPERTIE:				
OR 6b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(	S) SUFFIX	
Z OUNDED OR ADDED INFORMATION OF THE ADDED			and James Debtorie semal	
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change</li> <li>ORGANIZATION'S NAME</li> </ol>	2 - provide citify <u>the lidder (1 d. m. + b.) (100 m. k.)</u>	апе, во посодис, швопу, в авъечате алу	part of the Deptor's Hallies	
OR 75 INDIVIDUAL'S SURNAME				
		<u></u>		
INDIVIDUAL'S FIRST PERSONAL NAME		Programmer		
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)		<del></del>	SUFFIX	
		A STATE OF THE STA	Í	
7c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collater	ral DELETE collateral	RESTATE covered collateral	ASSIGN collateral	
Indicate collateral:				
		The state of the s		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDM	IENT: Provide only one name (9a or 9b) (	name of Assignor, if this is an Assi	ongient)	
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of				
9a. ORGANIZATION'S NAMEWhidbey Island Bank				
OR 9b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(	S) SUFFIX	
		}		
10. OPTIONAL FILER REFERENCE DATA: Debtor: HERITAGE CONST	DUCTION CROUP II C	<del></del>	113359107	