

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		201604220013 Skapit Carl			
A. NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 800-324-9375	4	kagit County Audit [22/2016 Page	for	\$7:	3.00
B. E-MAIL CONTACT AT FILER (optional)			1 of	1 10:20	AM
C. SEND ACKNOW EDGMENT TO (Name and Address)					
WASHINGTON FEDERAL	-				
	1				
425 PIKE ST		-			
SEATTLE, WA 98101		THE ABOVE SPACE			
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200809190110 9/19/2008	— {ar	is FINANCING STATEMENT recorded) in the REAL ES	STATE RECORDS		
TERMINATION: Effectiveness of the Financing Statement identified above statement		er: <u>gitach</u> Amendment Addend of to the security interest(s			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected coll.		in item 7c and name of A	ssignor in item 9	······································	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	www.with respect to the se	curity interest(s) of Secure	d Party authorizing	this Continuation	n Stateme⊓t is
5. PARTY INFORMATION CHANGE:		-			
CHANGE	if these three boxes to: Finame and/or address: Coor 6b; and item 7a or 7b an	omplete ADD name:	Complete item	DELETE name: G to be deleted in its	Sive record name om 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	ــــنتــــــــــــــــــــــــــــــــ				
OR 86. INDIVIDUAL'S SURNAME (F	FIRST PERSONAL NAME	I A	DDITIONAL NAME(S	S)/INITIAL(S)	SUFFIX
	JAMES			, , , , , , , , , , , , , , , , , , , ,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information. [7a. ORGANIZATION'S NAME]	n Change - provide only <u>one</u> กรกั	e (7a of 7b) (see exact, full name:	do not omit modify, or a	obreviate any part of t	he Debtor's name)
18. OKSHIRIZATION O MANIE					
OR 76. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME			<u> </u>		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				· 	SUFFIX
7c MAILING ADDRESS (C	CITY		TATE POSTAL C	ODE	COUNTRY
		taryane di di			
_	collatera! DELE	TE collateral RES	STATE covered colla	feral As	SSIGN collateral
Indicate collateral: ADDITIONAL DEBTOR: SHEPARD, PAMELA					
	Washington	Federal, succ	essor in int	erest	
	to First Mu	tual Sales Fina	nce, Inc.		à
					>
					<u> </u>
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR, check here and provide nar	ENDMENT: Provide online of authorizing Debtor	у <u>опе</u> пате (9e or 9b) (пап	ne of Assignor, if this	is an Assignmen	4//
9a, ORGANIZATION'S NAME	and an additioning position		\ /		
FIRST MUTUAL BANK OR 95 INDIVIDUAL'S SURNAME	EIDET DEBBOARS		N T	<u> </u>	/2016
AD INDIVIDUAL 2 SOKNAME	FIRST PERSONAL NAME		ODITIONAL NAME	<i>>)y</i> NHHAL(S) [™]	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: DEBTOR: SHEPARD, 51-124188-02		S	KAGIT, WA	\$73.00	