

A. NAME & PHONE OF CONTACT AT FILER (optional)



## UCC FINANCING STATEMENT AMENDMENT

Skagit County Auditor

\$73.00

FOLLOW/NSTRUCTIONS

4/25/2016 Page

1 of

1 8:35AM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)  North Coast Credit Unjoir 1100 Dupon Street Bellingham, WA 98225  In INTIAL FINANCING STATEMENT FILE NUMBER  INTIAL FINANCI				
North Coast Credit Union 1109 Dupont Street Beillingham, WA 98225    The FINANCION STATEMENT FILE NUMBER   To	B. E-MAIL CONTACT AT FILER (optional)			
North Coast Credit Unjoint 1100 Dupont Street Beilingham, WA 98/255  ITHE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IN INTIAL FINANCING STATEMENT FILE NUMBER				
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G. CURRENT RECORD INFORMATION: Complete for Party Information Chaings provide only and name (6a or 6b)  Ge. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FOR BOUNDING INFORMATION: Complete for Assignment or Peny Information Change - provide only 2016 name (7a sc23) (title 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 ADDITIONAL NAME(S/INITIAL(S)  7c. MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTRY  BY ABSIGN collateral  Indicate collateral:  RESTATE covered collisteral  Indicate collateral  RESTATE covered collisteral  ASSIGN collateral  If this is an Amendame authorized by a DEBTOR, check here and provide name of authorizing Debtor  6a. ORGANIZATION'S NAME  North Coast Credit Union	Chock the of the section boxes.	— EHAN/3E name end/or address: Complete —	ADD name: Complete item DELETE name:	
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