

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional \$73.00 Skagit County Auditor Diana Norberg (509) 327-9634 9:56AM 4/25/2016 Page 1 of B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) **UPF** Services 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b.
This FINANCING STATEMENT AMENDMENT is to be filed (for record) 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201411200009 Filed 11/20/2014 Filer: attach Amendment Addendum (Form UCC3Ad) 2. 🗹 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination . ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also insticate affected collaboral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND check one of these three boxes to Check one of these two boxes: CHANGE name and/or address: Complete ADD name: Complete item ____ DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one same (6a or 6b) 6a, ORGANIZATION'S NAME 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX RYAN ROSEMARY 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one fiame (7a-or, 7b) (use exact full name; do not only, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA DELETE collateral RESTATE covered Collateral ASSIGN collateral COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME **Puget Sound Cooperative Credit Union** 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S FIRST NAME 10. OPTIONAL FILER REFERENCE DATA

Loan#

SBA Loan #

UPF Tracking #3145127-31339