

UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	24696 - BMO HARRIS
CT Lien Solutions P.O. Box 29071	53632671
Glendale, CA 91209-9071	WAWA
	FIXTURE
File with: Skagit W	



Skagit County Auditor 4/26/2016 Page

\$75.00 1 of 311:37AM

For partial assignment, complete litems 7 and 9 and also idificate auditions in term 8 Continued for the additional period provided by applicable law of the Check one of the additional period provided by applicable law of the Check one of these two boxes: CHANGE for me and/or address: Complete Complete Complete Complete Complete Complete Report Complete Repo		CT Lien Solutions 53632 P.O. Box 29071 Glendale, CA 91209-9071 WAW	A					
In INTIAL FIRANCING STATEMENT FEE PUNISES. 10			IKE					
Commission of the deathson personal provide Deaths (annum is the 13 statement in the 15 statement in the		NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCI	NG STATEM	ENT AMENDMENT is to be filed [for		
Salament Salament	201	411180059 11/18/2014 CC WA Skagit		(or recorded) i Filer: <u>attach</u> Am	n the REAL I endment Adde	ESTATE RECORDS ndum (Form UCC3Ad) <u>and</u> provide Debt	or's name in item 13	
For partial assignment, complete items 7 and 9 and also indicates effected solutions in them 8 Continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided by applicable law continued for the additional period provided period of the additional period provided in the continued for the additional period provided in the continued for the additional period in the continued for the additional period in the continued for th	2. 🛭		s terminated with	respect to the security	/ interest(s) o	of Secured Party authorizing this Te	ermination	
Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law	3. [name of Ass	signor in item 9		
Check ong of these two boxes: The Change afforts Debtor or Secured Party of record Manual Change afforts Debtor or Secured Party of record Manual Change afforts Debtor or Debtor or Secured Party of record Manual Change afforts Debtor or Debtor o	4. [with respect to	the security interest(s)	of Secured F	Party authorizing this Continuation S	Statement is	
The Change efforts Delator Secured Party of record Chern's to Risk and discuss. Complete item Delator Dela	5.	PARTY INFORMATION CHANGE:						
This Change affects Debtor or Secured Party of record Seem Spice (St. and tem 7 or 7 to and 7 to 7 to and 7 to 1 to be debted in Rem Spice (St. and tem 7 to 7 to 2 to 7 to 2 to 7 to 2 to 7 to 2 to 1 to be debted in Rem Spice (St. and tem 7 to 7 to 2 to 7 to 2 to 7 to 2 to 7 to 2 to 1 to 2 to 2 to 2 to 2 to 2 to 2	C	neck one of these two boxes.	W 200			a Les Briene	6 :	
Comparison Com	T	nis Change affects Debtor or Secured Party of record item &	GE name and/or a a cr 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c				
JDC Burlington, L.L.C. 8b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIAL(S)) SUFFIX To. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S HIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S HIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)) SUFFIX TO MALING ADDRESS CITY STATE FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) SUFFIX SUF	6. C		provide only one	е па те (6а ог 6b)				
OR OB. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX To. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVID			*					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Parity Information Change - provide only one mane (pile 78) (like each, but name, do not omit, modify, or abbreviate arry pain of the Debtor's name) To. NOT/TOUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX To. MAILING ADDRESS CITY STATE* STATE* STATE* SOUTHER COUNTRY ASSIGN collateral Indicate collateral: LOT 1 OF CITY OF BURCLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR2S FILE NO. 2014;14130038, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 3a. ORGANIZATIONS NAME BMO HATTIS Bank N.A. OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR		Triper process	A) MANE		ADDITIONAL MANIERCY/INITIALIZES	Teneciv	
To INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) To MAILING ADDRESS CITY STATE Destal code COUNTRY B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Delete collateral Restate covered collateral Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 2014;14130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PROVIDE AUTHORIZING THIS AUTHORIZING THIS AUTHORIZING THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED TH		OB. INDIVIDUAL & CHANNEL	TING! PERSON	AL IVAME		ADDITIONAL NAME (S) MITTAL(S)	OUTTA	
To INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) To MAILING ADDRESS CITY STATE Destal code COUNTRY B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Delete collateral Restate covered collateral Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 2014;14130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9s or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PROVIDE AUTHORIZING THIS AUTHORIZING THIS AUTHORIZING THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED THIS AUTHORIZED TH	7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	ange - provide only	one name (75 or 7% life ov	alt full name' de	n not omit modify or abbyeviate any part of the	he Debtor's name)	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME(SYINITIAL(S)) SUFFIX To MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 2014;14138039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 349408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment).			ange porteons	7 7 132 3		o not arms, meany, or approviate any part of a	00000,0,0000	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME(SYINITIAL(S)) SUFFIX To MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY B. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 2014;14138039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 349408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment).					1			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY COUNTRY STATE POSTAL CODE COUNTRY ASSIGN collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR SITE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 349408-0-015-0201 SUBJECT STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ASSIGN collateral DELETE collateral RESTATE covered collateral ASSIGN collateral ASSIGN collateral Indicate collateral DELETE collateral	OR	7b. INDIVIDUAL'S SURNAME			AND SECURITION OF THE PERSON O			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY COUNTRY STATE POSTAL CODE COUNTRY ASSIGN collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR SITE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 349408-0-015-0201 SUBJECT STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ASSIGN collateral DELETE collateral RESTATE covered collateral ASSIGN collateral ASSIGN collateral Indicate collateral DELETE collateral								
7c. MAILING ADDRESS CITY STATE* POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 346408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		INDIVIDUAL'S FIRST PERSONAL NAME		inangapani	(Ž		
7c. MAILING ADDRESS CITY STATE* POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 346408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					I SUFFIX	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 346408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX							30,71,11	
Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX	7c.	MAILING ADDRESS	CITY		-t f	STATE POSTAL CODE	COUNTRY	
Indicate collateral: LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX							ŀ	
LOT 1 OF CITY OF BURLINGTON BINDING SITE PLAN NO. 1-14, RECORDED UNDER AUDITOR; S FILE NO. 201414130039, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX	8. [COLLATERAL CHANGE: Also check one of these four boxes: ADD	O collateral	DELETE collateral	RE	STATE covered collateral	ASSIGN collateral	
SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF SECTION Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX		Indicate collateral:						
Parcel: P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX				O UNDER AUDITO	R¿S FILE	NO. 201411130039, RECO	RDS OF	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: 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 name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX				/ 340408-0-017-01	00 AND P	105230 / 340408-0-015-020	1	
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)			•					
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)								
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)								
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)	_						4-4-	
9a. ORGANIZATION'S NAME BMO Harris Bank N.A. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)		<u> </u>		· —	9a or 9b) (na	me of Assignor, if this is an Assignm	(ent)	
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)	ï		Tarrie or addioliz	ing Debiol				
SID. INDIVIDUALS SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINI) IAL(S)		BMO Harris Bank N.A.				·s		
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: IDC Builington L.L.C.	QR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	:	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	10. 1	APTIONAL FILED DECEDENCE DATA: Delias News 100 Delle			<u></u>			

JDC Burlington, L.L.C.

05269/JDC Burlington, L.L.C.

53632671

UCC FINANCING STATEMENT AMENDMENT ADI	DENDUM			
FOLLOW INSTRUCTIONS				
11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment	t form	1		
201411180059 11/18/2014 CC WA Skagit	 -	i		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendr	ment form			
BMO Harris Bank N.A.				
		1		
OR PROMOUNE CURVANT		1		
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	1		
		THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
13. Name of DEBTOR on related financing statement (flame of a current Debtor of reco				13): Provide only
13a, ORGANIZATION'S NAME				
JDC Burlington, L.L.C.				
OR 13b. INDIVIDUAL'S SURNAME	ST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<u></u>				
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address:				
JDC Burlington, L.L.C 4520 Madison Avenue Suite 1100, Kansas City	, MO 64111			
		The state of the s		
15. This FINANCING STATEMENT AMENDMENT:		otion of real estate:		
covers timber to be cut covers as-extracted collateral is filed as a file. Name and address of a RECORD OWNER of real estate described in item 17			F BURLINGTON B	
(if Debtor does not have a record interest):			·14, RECORDED (
			NO. 20141113003	39,
			AGIT COUNTY,	4
			EING A PORTION	
			NSHIP 34 NORTH	, RANGE
	1	ST, W.M.	1	
			I AN 80 FOOT Wil	A11 16121
	EASE	MENT FOR	INGRESS, EGRES	SS AND

05269/JDC Burlington, L.L.C. JDC Burlington, L.L.C.

[See Exhibit for Real Estate]

File with: Skagit, WA

BMO Harris Bank N.A.

18. MISCELLANEOUS: 53632671-WA-57 24696 - BMO HARRIS BANK, N.A.

Debtor: JDC Burlington, L.L.C.

Exhibit for Real Estate

17. Description of real estate:

Continued

UTILITIES AS DELINEATED ON THE FACE OF SAID BINDING SITE PLAN. STUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel ID:

P24137 / 340408-0-014-0002; P116432 / 340408-0-065-0100; P105231 / 340408-0-017-0100 AND P105230 / 340408-0-015-0201