



**Skagit County Auditor** 

\$73.00

6/9/2016 Page

1 of

1 2:30PM

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UCC FINANCING STATEMENT AMENDMENT	
FOLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER (aptional)	$\neg$
Diana Norberg (509) 327-9634	
B. E-MAIL CONTACT AT FILER (eptione)	
dianan@upfservices.com	
C. SEND ACKNOWLEDGMENT TO Warne and Address)	<u> </u>
UPF Services	1
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
	THE AROVE SPACE IS FOR All INC OFFICE LISE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
201307010024 Filed 7/1/2013	(or recorded) in the REAL ESTATE RECORDS Filer attach. Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified above is terminate Statement.</li> </ol>	ed 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 7h, and address For partial assignment, complete items 7 and 9 and also indicate affected collaboral in ite.	
CONTINUATION: Effectiveness of the Financing Statement-dentified above with responding to the additional period provided by applicable law.	pect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND check one of these th	ree boxes to:
CHANGE name and/c This Change affects   Debtor or   Secured Party of record   item 6a or 6b, and ite	or address: Complete ADD name: Complete item DELETE name: Give record name em 7a or 7b <u>and</u> item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide 6a ORGANIZATION'S NAME	de only oneள்∎me (Sa or 6b)
G. ONGANIZATION S NAINE.	
	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
COMPTON	
<ol> <li>CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change         7a. ORGANIZATION'S NAME     </li> </ol>	provide only one name (7a to 7b) tuse exact full name, do not omit, modify, or abbreviate any part of the Debtor's name
OR 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
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered Cellateral ASSIGN collateral
Indicate collateral:	
9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	DMENT: Provide only one name (9a or 9b) (name of Assignor, 1 this is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide name of at 9a, ORGANIZATION'S NAME	uthorizing Debtor
Puget Sound Cooperative Credit Union	
OR	AL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3197346-31841

Loan #

SBA Loan #