



Skagit County Auditor
7/25/2016 Page

\$73.00

UCC FINANCING STATEMENT AMENDMEN	T			of 11	10:46AM
FOLLOW INSTRUCTIONS			-		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FIXER (optional) SPRFilling@cscinfo.com	_				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		ĺ			
118942240 - 344670	$\neg$				
Corporation Service Company 801 Adiai Stevenson Drive					
	Vashington				
	(Skagit)				<b>4.114</b>
1a. INITIAL FINANCING STATEMENT FILE NUMBER	14	THE ABOVE	SPACE IS FOR I		
201108160011 08/16/2011		(or recorded) in the Filer: <u>attach</u> Amendme	REAL ESTATE RE nt Addendum (Form I	CORDS UCC3Ad) <u>and</u> pro	vide Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w	ith respect to the security in	nterest(s) of Secur	red Party authori	izing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7s.     For partial assignment, complete items 7 and 9 and also indicate affected complete.			rne of Assignor in	item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security interest(s) o	f Secured Party au	rthorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:					
	offnese three bo GE name and/or a		D name: Complete	itemDELET	E name: Give record name
This Change affects Debtor or Secured Party of record literates  6. CURRENT RECORD INFORMATION: Complete for Party Information Change		a or 7b <u>and</u> item 7c7a	or 7b, <u>and</u> item 7c	to be d	eleted in item 6a or 6b
6a. ORGANIZATION'S NAMEPIONEER POTATOES LLC	gis - provide only s	XIS LISCUSE (pg or pp)			
	A THE PERSON NAMED IN				
OR 5b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONA	L NAME(S)/INIT	IAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati	ion Change - provide o	nly <u>one</u> narile (7,3 or 7th) (use exact	full name; do not omit,	modify, or abbreviate	e any part of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 76, INDIVIDUAL'S SURNAME			YESHININGS.		
INDIVIDUAL'S FIRST PERSONAL NAME		Managari			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				æ	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	OS AL CODE	COUNTRY
9 COLLATERAL CHANGE, No short on of their faul bases.	) coffateral	DELETE collateral	RESTATE COV	arot collatoral	ASSIGN collateral
COLLATERAL CHANGE: Also check one of these four boxes:ADD Indicate collateral:	) conateral [	OFFE! E collatelat	☐ KESTATE DW	erev curateral	ASSIGN CONSIGNAL
			Mary N	Company of the second	
			1	San	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN			9b) (name of Assig	mor, if this is an A	Actignmenty
	MENDMENT: Polame of authorizin		9b) (name of Assig	nor, if this is an i	Adeignmenty
If this is an Amendment authorized by a DEBTOR, check here and provide in 9a. ORGANIZATION'S NAMESKAGIT BANK	name of authorizin	g Debtor			
If this is an Amendment authorized by a DEBTOR, check here and provide not go organization's NAMESKAGIT BANK		g Debtor		nor, if this is an /	