



Skagit County Auditor

\$75.00 3 2:25PM

8/29/2016 Page 1 of

A. N	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (809) 331-3282 Fax: (818) 662-4141		1		
В. Е	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com]		
C. S	SEND ACKNOWLEDGMENT TO: (Name and Address) 11478 - WELL	S FARGO -			
۱	CT Lien Solutions P.O. Box 29071 554070	019			
	Glendale, CA 91209-9071 WAWA	Ą			
L	File with: Skagit, WA	RE	THE ABO	VE SPACE IS FOR FILING OFF	FICE USE ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 1202220058 2/22/2012 CC WA Skagit		1b. This FINANCING (or recorded) in Filer: attach Amer	G STATEMENT AMENDMENT is to be the REAL ESTATE RECORDS indiment Addendum (Form UCC3Ad) <u>and</u> pri	pe filed [for record] ovide Debtor's name in item 13
2. [TERMINATION: Effectiveness of the Financing Statement identified above is Statement	terminated with	respect to the security	interest(s) of Secured Party authorizing	ng this Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of 7b, and For partial assignment, complete items 7 and 9 and also indicate affected co			name of Assignor in item 9	
4. 🛭	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to t	he security interest(s) o	f Secured Party authorizing this Conti	inuation Statement is
5.	PARTY INFORMATION CHANGE:				
	theck <u>one</u> of these two boxes: CHANG		ddress: Complete a or 7b <u>and</u> item 7c	ADD name: Complete itemDELE	TE name: Give record name
	his Change affects Debtor or Secured Party of record Item 6a URRENT RECORD INFORMATION: Complete for Party Information Change - p			7a or 7b, and item 7c to be	deleted in item 6a or 6b
••	Ga, ORGANIZATION'S NAME	one only one	name (oa or ou)		
	John D. Carroll, LLC	· ·			
OR 〈	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NE NAME	ADDITIONAL NAME(SYINITI	AL(S) SUFFIX
7. C	HANGED OR ADDED INFORMATION; Complete for Assignment or Party Information Char	nge - provide only	one name (7a si 7b) (usa exa	k, full name; do not omit, modify, or abbreviate a	iny part of the Debtor's name)
	7a. ORGANIZATION'S NAME				
OR	76, INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME		100000		
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				SUFFIX
7c. I	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. [COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE covered collatera	I ASSIGN collateral
	Indicate collateral:				
	s 1 and 2 of Skagit Crossings Binding Site Plan Burl BSP 1-07, a				
	200802010073. Records of Skagit County, Washington; Being a N: P23883 and P127091	i portion of th	e southeast 174 of t	section 6, Township 34 Noten,	Range 4 East W.IVI.
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT: Pr		a or 9b) (name of Assignor, if this is an	Assignment)
ır İ	this is an Amendment authorized by a DESTOR, check here and provide not also some also some and provide not also some and provide not also some also som	aine oi authorizi	ing menint		
	Wells Fargo Bank, N.A.				A STATE OF THE STA
OR	ON INDERCOLLAND CHARACT	SIDET DECCON		A PROGRAMA ALANAS IGNIBUTA	ALION TOURING

0046361/16742

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: John D. Carroll, LLC

55407019

FOLI	C FINANCING STATEMENT AN				
FOLI	C FINANCING SIA LINEIN AN	IENDMENT ADI	DENDUM		
	OW INSTRUCTIONS				
	ITIAL FINANCING STATEMENT FILE NUMBER: Same	as item 1a on Amendmen	t form		
	202220058 2/22/2012 CC WA Skagit IAME OF PARTY AUTHORIZING THIS AMENDMENT:	D			
_	12a. ORGANIZATIONS NAME	Same as item 9 on Amend	ment form		
Į	Wells Fargo Bank, N.A.				
OR	12b. INDIVIDUAL'S SURNAME				
ı	FIRST PERSONAL NAME				
		and the same of th			
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	THE ABOVE OR ARE IN 12 THE ING AFFIRE IN	Au V
13. N	lame of DEBTOR on related financing statement (Name	of a current Debtor of reco	erd required for Indexing pur	THE ABOVE SPACE IS FOR FILING OFFICE U	
	one Debtor name (13a or 13b) (use exact, full name; to				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ſ	13a, ORGANIZATION'S NAME	The state of the s			
OR	John D. Carroll, LLC 136. INDIVIDUAL'S SURNAME		ST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
	130. INDIVIDUALS SURVAME		ST PERSONAL NAME	ADDITIONAL NAME(SYMTTAL(S)	SUFFIX
Well	s Fargo Bank, N.A P. O. Box 1999 , Winter	ville, NC 28590			
15. 7	his FINANCING STATEMENT AMENDMENT:		17. Description	o of real estate:	

Debtor: John D. Carroll, LLC

Exhibit for Real Estate

17. Description of real estate: Continued

Parcel ID: P23883 and P127091