



**Skagit County Auditor** 

\$73.00

10/11/2016 Page

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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHOME OF CONTACT AT FILER [optional] Diana Norberg (509) 327-9634 B. E-MAIL CONTACT AT FILER (eptions) 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 1a. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS 201409260035 Filed 9/26/2014 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 tern 7a or 7a and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral 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 item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Charges provide only openage (6a or 6b) 6a. ORGANIZATION'S NAME OR 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX WILLIAM CUMMINS 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7 a of 1b) type exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY USA COLLATERAL CHANGE: Also check one of these four boxes: DELETE collateral ADD collateral RESTATE covered Collegeral ASSIGN collateral. Indicate collateral

9.	. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor.	ர் this is ள் Assignment)
	If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor	
	9a. ORGANIZATION'S NAME	- Y ////
	Puget Sound Cooperative Credit Union	

OR 95 INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST NAME

ADDITIONAL NAME(S)/INITIAL(\$) SUFFIX

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3470450-33083

Loan #

SBA Loan #