

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS



201610180006

Skagit County Auditor \$73.00  
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|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Corporation Service Company 1-800-858-5294  |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscinfo.com  |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>1224 41935<br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br><br>Filed In: Washington (Skagit) |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |  |
|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>201509210023 09/21/2015   | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement   |  |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8  |  |
| 4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record<br>AND Check one of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b, and item 7c<br><input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c<br><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  |  |
| 6a. ORGANIZATION'S NAME  |  |
| OR   | 6b. INDIVIDUAL'S SURNAME   |
|  | FIRST PERSONAL NAME  |
|  | ADDITIONAL NAME(S)/INITIAL(S)  |
|  | SUFFIX   |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)   |  |
| 7a. ORGANIZATION'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  |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:   |  |
| 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)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor   |  |
| 9a. ORGANIZATION'S NAME 1st Security Bank of Washington  |  |
| OR   | 9b. INDIVIDUAL'S SURNAME   |
|  | FIRST PERSONAL NAME  |
|  | ADDITIONAL NAME(S)/INITIAL(S)  |
|  | SUFFIX   |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: Browell, Borge - 5150876150   |  |

1224 41935