



**Skagit County Auditor** 

\$74.00

10/21/2016 Page

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2 9:20AM

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	•	10/21/20	<b>16</b> Page	1 of	2 9:20AM
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	\				
1225 40656 Corporation Service Company					
801 Adlai Stevenson Drive     Springfield, IL 62703     Filed In: Wa	eshington				
	(Skagit)				
			CE IS FOR FILING O		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200612200150 12/20/2006		This FINANCING STATEM (or recorded) in the REAL Filer. <u>attach</u> Amendment Add	ESTATE RECORDS endum (Form UCC3Ad) <u>a</u>	nd provide Debtor	s name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with	respect to the security interes	t(s) of Secured Party a	uthorizing this	emination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b.  For partial assignment, complete items 7 and 9 and also indicate affected col	lateral in item 8				
4. CONTINUATION: Effectiveness of the Financing Statement demilied abortional period provided by applicable law	ve with respect to	the security interest(s) of Sec	ured Party authorizing (	this Continuation	Statement is
5. PARTY INFORMATION CHANGE:  AND Check one of the control bases.	of these three boys	n to:			
	E name and/or add or 6b; <u>and</u> item 7a		ne: Complete item[i and item 7ct	ELETE name: ( o be deleted in ite	Sive record name om 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change					
6a. ORGANIZATION'S NAMENANCY H Liewellyn					
OR DE INDIVIDUAL'S CLIENAMS			LADDITIONAL MARKETS	O MAUTIAL (C)	SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAI	NAME	ADDITIONAL NAME(S	)/INITIAL(S)	SOFFIA
	n Change - provide onl	one name (7a or 7b) (use exact, full na	I me; do not omit, modify, or ab	breviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME		77			•
OR 75. INDIVIDUAL'S SURNAME					
/b. INDIVIDUAL 5 SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CO	ODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE covered collate	eral A	SSIGN collateral
Indicate collateral:	_	_			
			The state of the s		
					<b>\</b>
				$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
			****		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT: Pro	vide only <u>one</u> name (9a or 9b) (	name of Assignor, if this	is an Assignme	
*	ame of authorizing	Debtor		/	
9a. ORGANIZATION'S NAMEWashington Federal				(	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	. NAME	ADDITIONAL NAME(S	S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Nancy H Llewe	11 22200	95			1225 40656

1225 40656

THE ABOVE SPACE IS FOR FILING OFFICE  13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item one Debtor name (13a or 13b) (use exact, full name; do not orbit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit  13a. ORGANIZATION'S NAME  OR  13b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form  12a. ORGANIZATION'S NAME  Washington Federal  Italian individual's Surname  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE  13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item one Debtor name (13a or 13b) (use exact, full name: do not only, mostly, or abbreviate any part of the Debtor's name); see Instructions if name does not fit  13a. ORGANIZATION'S NAME	13): Provide only
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OR 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
13b. INDIVIDUAL S SURIVAME	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	
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15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate:	
covers timber to be cut covers as-extracted collateral is filled as a fixture filing	
16. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest):	

18. MISCELLANEOUS: