

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional] Diana Norberg (509) 327-9634 \$73.00 **Skagit County Auditor** B. E-MAIL CONTACT AT FILER (aptional) 1 11:33AM 12/16/2016 Page 1 of 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 This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201505050045 Filed 5/5/2015 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 item 7a or 35, and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indigate affected scalateral in item 8 4. 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 baxes: CHANGE game and/or address: Complete ADD name: Complete item DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a or 6a; and item 7a or 7b and item 7c 7a or 7b, and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one naise (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **JARVIS** KINSEY 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only only one exact full name; do not omit, modify, or abbreviate any part of the Debtor's name; 7a. ORGANIZATION'S NAME 75 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX STATE | POSTAL CODE 7c. MAILING ADDRESS COUNTRY USA COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered Collegeral Indicate collateral:

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If this is an Amendment authorized by a DEBTOR chec 9a, ORGANIZATION'S NAME Puget Sound Cooperative C		name (9a or 9b) (name of Assignor, if this is an Assignment)
OR 96. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3638602-33812	Loan #	SBA Loan #