

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 206-344-4649 Craig Ferguson B. E-MAIL CONTACT AT FILER (optional) craig.ferguson@usbank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) U.S. Bank, N.A. Seattle Trust Review Group 1420 Fifth Avenue, 7th Floor

201705190015

Skagit County Auditor 5/19/2017 Page

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\$73.00

SUFFIX

F#575682

ADDITIONAL NAME(S)/INITIAL(S)

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	INITIAL FINANCING STATEMENT FILE NUMBER	ľ			ENT AMENDMENT		recard]
20	00210080118 10/8/2002	į			ESTATE RECORDS andum (Form UCC3A)		r's name in item 13
2. [TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated w	with respect to the secu	urity interest	(s) of Secured Part	ty authorizing this	Termination
	Statement						
3. [ASSIGNMENT (full or partial): Provide name of Assignes in item 7a or 7i For partial assignment, complete items 7 and 8 and also indicate affected of	b. <u>and</u> address of ស៊ីlateral in item 8	f Assignee in item 7c g	and name of	Assignor in item 9		
4. [CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	pove with respect	to the security interes	st(s) of Secu	red Party authorizing	ng this Continuatio	in Statement is
5.	PARTY INFORMATION CHANGE:						
c		g of these three bo					
Т	his Change affects Debtor or Secured Party of record items	l©E name and/or a la or 6b; <u>and</u> item 7	ddress: Complete 7a or 7b <u>and</u> item 7c		e: Complete item and item 7c	DELETE name: to be deleted in it	Give record name rem 6a or 6b
6. (CURRENT RECORD INFORMATION: Complete for Party Information Chair	ge provide only :	one name (6a or 6b)				
	6s. ORGANIZATION'S NAME		<u> </u>				
AHA-Bayview Apartments Limited Partnership							
OR	66. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
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OR	7b. INDIVIDUAL'S SURNAME			A STATE STATE OF THE STATE OF T			
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	INDIVIDUAL'S FIRST PERSONAL NAME						
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	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
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7 p.	MAILING ADDRESS	CITY			STATE POSTAL	CODE	COUNTRY
	COLLATERAL CHARGE:		DELETE No. 1				SSIGN collateral
9. L		O colleteral	DELETE collateral	RE	STATE covered col	IIBREFBI L.	SSIGN CONSTERS
	Indicate collateral:						
					The state of the s		

FIRST PERSONAL NAME

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9e or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ____ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME U.S. Bank, N.A. 96. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA: