

UCC FINANCING STATEMENT AMENDMENT		1444400 000 000 000 000 000 000 000 000		
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional]		Skagit County Audi		\$73.00
Diana Norberg (509) 327-	9634	6/12/2017 Page	1 of	1 10:05AM
B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com		}		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·			
	\neg		•	
UPF Services	00			
12410 E. Mirabeau Parkway, Ste 16 Spokane Valley, WA 99216	00			
Oponanc valley, VVA 93218	1			
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE		
201409100019 Filed 9/10/2014		1b. This FINANCING STATEME (or recorded) in the REAL E	STATE RECORDS	
TERMINATION: Effectiveness of the Financing Statement identification Statement	ed above is terminated wit	h respect to the security interest(s) of t	Secured Party authorizing	g this Termination.
ASSIGNMENT (full or partial): Provide name of assignee in item For partial assignment, complete items 7 and 9 and also indicate of		Assignee in item 7c, <u>and</u> name of Assi	gnar in item 9	
CONTINUATION: Effectiveness of the Financing Statement descontinued for the additional period provided by applicable law.	tified above with respect to	the security interest(s) of Secured Pa	rty authorizing this Conf	inuation Statement is
5. PARTY INFORMATION CHANGE:				
	heck <u>one</u> of these three b		Complete item DELI	TE name City aread annu
This Change affects Debtor or Secured Party of record	item 6a জ 6b; <u>and</u> item 7a	or 7b and item 7c ; 7a or 7b, and		TE name: Give record name deleted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Inform. Ga. ORGANIZATION'S NAME 	ation Change provide on	y ons hane (6a or 6b)		
OR				
FILE HICKOX	FIRST PERSO	VAL NAME AD	DITIONAL NAME(S)/IN	TIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or P	arty Information Change - provide	le only <u>ose</u> name (7a or 7b) (ase exact full nam	ne; do not omit, modify, or ab	breviate any part of the Debtor's name
OR 7b. INDIVIDUAL'S SURNAME		The second secon		<u></u>
INDIVIDUAL'S FIRST PERSONAL NAME	···			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		\\\\		SUFFIX
7c. MAILING ADDRESS	CITY	С	ATE BØSTAL CODE	COUNTRY
8 COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral RESTA	ATE covered Colleteral	ASSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ	ING THIS AMENDMEN	T: Provide only one name (9a or 9b) (name of Assignor it t	as is an Assignment)
	nd provide name of authori			
Puget Sound Cooperative Credit U	nion			
OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME AD	DITIONAL NAME(S)/INI	TIAL(S) SUFFIX
and continue to the continue t	i	; ;	· .	
10. OPTIONAL FILER REFERENCE DATA UPF Tracking #4012756-35744	Loan #	SBA	A Loan #	