



Skagit County Auditor 6/19/2017 Page

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\$73.00 1 9:17AM

UCC FINANCING STATEMENT A	MENDMENT			
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (option Corporation Service Company 1-8	nal) 300-858-5294	1		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@escinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and A	ddress)			
1323 48374				
Corporation Service Company	ŀ			
801 Adiai Stevenson Drive Springfield, IL 62703	Filed In: Washington	ł		
	Filed In: Washington (Skagit)			
	the state of the s	THE ABOVE S	SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ATEMENT AMENDMENT Is to be f	
201407070069 07/07/2014	The second secon	(or recorded) in the R Filer, <u>attach</u> Amendmen	EAL ESTATE RECORDS it Addendum (Form UCC3Ad) <u>and</u> provi	de Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement	latement identified above is terminated	with respect to the security in	terest(s) of Secured Party authoriz	ing this Termination
ASSIGNMENT (full or partial): Provide name of a For partial assignment, complete items 7 and 9 and			me of Assignor in Item 9	
	and the same of th		Cooursed Party outhorizing this Co	ntiquation Statement is
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by app		ct to the security interest(s) or	Secured Farty authorizing this Co	TRINGATION STATEMENT IS
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check one of these three — CHANGE name and/or		name: Complete itemDELETS	name: Give record name
This Change affects Debtor or Secured Party of I	record item 6a & 6b; and item	7a or 7b and item 7c 7a o	r 7b, <u>and</u> item 7c to be de	leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for	or Party Information Change - grovide only	y <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME	Ť			
0.0				1
66. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INIT	AL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for	or Assignment or Party Information Change - provid	e only <u>one</u> name (7a/cr7b) (use exact,	full name; do not omit, modify, or abbreviate	any part of the Debtor's name)
7a. ORGANIZATION'S NAME				
OB				<u></u>
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME		American property		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
		An and a state of the state of	A second second	
7c, MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
	se four boxes: ADD collateral	DELETE collateral	RESTATE govered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of the	se laur boxes: [_] ADD collateral	DELETE Conateral (
Indicate collateral:)
			and the same of th	
			and the same of th	
				V //
9. NAME OF SECURED PARTY OF RECORD A			9b) (name of Assignor, if this is an A	ssignatent)
If this is an Amendment authorized by a DEBTOR, chec		zing Debtor		<u> </u>
9a. ORGANIZATION'S NAME 1st Security Bar	nk of Washington			
OR			I ADDITION OF THE PARTY OF THE	AL (C) LOUBERY
96. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
<u> </u>				
10. OPTIONAL FILER REFERENCE DATA: Debtor	r: Debtor = Hov. Christine	- 5150701880		1323 48374