



Skagit County Auditor 7/24/2017 Page

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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	•					
A. NAME & PHONE OF CONTACT AT FILER (optional)		1				
Corporation Service Company 1-800-858-5294		1				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscipto.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1				
1338 85304	$\neg$	Į.				
Corporation Service Company	ı					
801 Adlai Stevenson Drive Springfield, IL 62703	Vashington	}				
Theo iii.	(Skagit)	1				
		<u> </u>			NG OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200708210036 08/21/2007	1b. This FINANCING STATEMENT AMENDMENT is to be filed [far record] (ar recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
TERMINATION: Effectiveness of the Financing Statement identified about statement	ve is terminated	with respect to the secu	ırity interes	t(s) of Secured P	arty authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee is item 7a or 7     For partial assignment, complete items 7 and 9 and also indicate affected,			nd name o	Assignor in item	9	<u></u>
CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law	ove with respec	t to the security interest	t(s) of Secu	red Party author	zing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	A STATE OF THE STA	<del></del>				
	e of these three b	oxes to: address: Complete	ADD nam	e: Complete item	DELETE name:	Give record name
This Change affects Debtor or Secured Party of record items	a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c	7a or 7b,	and item 7c	to be deleted in t	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAMELUEVANOS PROPERTIES, LL		one name (6a or 6b)				<del></del>
OR 65. INDIVIDUAL'S SURNAME	TEIRST PERSO	IAL NAME		TADDITIONAL NA	ME(S)/INITIAL(S)	TSUFFIX
D. INDIVIDUAL S SUNIVAME	FIRST FERSO	VAL IVALUE		ADDITIONALIVA	we(o)mannye(o)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - provide	only <u>one</u> name (7a or 7b) (use	exact, full na	I me; do not omit, modify	, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME						
OR 75. INDIVIDUAL'S SURNAME						<del></del>
			A STATE OF THE PARTY OF THE PAR	N.		
INDIVIDUAL'S FIRST PERSONAL NAME			/*			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	_		The same of the sa	<u> </u>		SUFFIX
The transfer is a second of the second of th		"Higgs				
7c. MAILING ADDRESS	CITY			STATE POST	AL CODE	COUNTRY
				Paragraph and the second		USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	Collateral	DELETE collateral	R	ESTATE COVERS	cosateral	SSIGN collateral
Indicate collateral:						
				C. C.		
						<b>&gt;</b>
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT:	Provide only one name /	92 or 96\ (n	ame of Assignor i	f this is an Assignme	nt /
If this is an Amendment authorized by a DEBTOR, check here and provide	name of authorizi	,		amo or riosignor; i		
9a. ORGANIZATION'S NAMESKAGIT BANK					7	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
,		<del>-</del>				
10. OPTIONAL FILER REFERENCE DATA: Debtor: LUEVANOS P	OODEDTIE	S LLC				1338 85304