



FOLLOW INSTRUCTIONS	Skagit County Auditor	\$75.00 2 10:44AM
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	9/25/2017 Page 1 or 4	
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfe.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1	
T364 49238 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In Weshington		
Filed In: Washington (Skagit)		
	THE ABOVE SPACE IS FOR FILING OFF	1.00
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201302140026 02/14/2013	1b. This FINANCING STATEMENT AMENDMENT is to (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u>	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	vith respect to the security interest(s) of Secured Party auth	norizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignse in them 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also indicate affected collaboral in item.		
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law	to the security interest(s) of Secured Party authorizing this	Continuation Statement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes: AND Check one of these two boxes three by CHANGE name and/or. Item 6aor 6b; and item		ETE name: Give record name
This Change affects Debtor or Secured Party of record tem 6a or 6b; and item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only		e deleted in item 6a or 6b
68. ORGANIZATION'S NAMEDIMENSIONAL COMMUNICATIONS, INC		
OR 66, INDIVIDUAL'S SURNAME FIRST PERSO	AL NAME ADDITIONAL NAME(S)/IN	NITIAL(S) SUFFIX
66. INDIVIDUAL'S SURNAME FIRST PERSON	ADDITIONAL NAME(S)/III	VITIAL(S) SOFFIA
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide	The control of the co	viate any part of the Debtor's name)
	any and the section of the section o	
7a. ORGANIZATION'S NAME		
78. ORGANIZATION'S NAME OR 75. INDIVIDUAL'S SURNAME		,
OR 75. INDIVIDUAL'S SURNAME		SUFFIX
OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	STATE POSTAL CODE	SUFFIX
OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX COUNTRY USA
OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE DELETE collateral RESTATE covered colletera	SUFFIX COUNTRY USA ASSIGN collateral
OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral All Fixtures located at 1220 Anderson Road, Mount Vernon, WA acquired later; all accessions, additions, replacements, and subs	DELETE collateral RESTATE covered collateral 98274; whether any of the foregoing is stitutions relating to any of the foregoing	SUFFIX COUNTRY USA ASSIGN collateral way and now or all records of
OR 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral All Fixing Solideral at 1220 Anderson Road, Mount Vernon, WA acquired later; all accessions, additions, replacements, and subsany kind relating to any of the foregoing; all proceeds relating to	DELETE collateral RESTATE covered collateral 98274; whether any of the foregoing is stitutions relating to any of the foregoing	SUFFIX COUNTRY USA ASSIGN collateral way and now or all records of
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FULLUW INSTRUCTIONS	NDUM	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201302140026 02/14/2013		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for	<u></u>	
12a. ORGANIZATION'S NAME Whidbey Island Bank		
12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	THE ABOVE SPACE IS FOR FILING OFFICE USE ON	LY
13. Name of DEBTOR on related financing statement (Name of accurrent Debtor of record req		vide only
one Debtor name (13a or 13b) (use exact, full name, do not controlled, or abbreviate any part of 13a. ORGANIZATION'S NAME	i die Deutoj s (iBrne), see instructions π name does not lit	
OR 13b. INDIVIDUAL'S SURNAME	ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFF	IX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):		
15. This FINANCING STATEMENT AMENDMENT:	12 Ostropi Binibing site Flan 1908-058, AS	

18. MISCELLANEOUS: