



201710120017

UCC FINANCING STATEMENT AMENDMENT

Skagit County Auditor \$74.00
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FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634
B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) UPF Services 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER: 201605090087 Filed 5/9/2016
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9

4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5. PARTY INFORMATION CHANGE: Check one of these two boxes: Debtor or Secured Party of record AND check one of these three boxes: CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Give record name

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX HINER ERIC D

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral. Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a 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 Puget Sound Cooperative Credit Union
OR 9b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #4272622-36994 Loan # SBA Loan #