

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800 1-800-858-5294 Skagit County Auditor \$74.00 B. E-MAIL CONTACT AT FILER (optional) 11/13/2017 Page 1 10:43AM SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1384 35013 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201706290024 06/29/2017 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 📝 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 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 For partial assignment, complete items 7 and 9 and also indicate affected collaboral in item 8 CONTINUATION: Effectiveness of the Financing Statement-loan(flag) 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: AND Check are of these three boxes to: Check one of these two boxes: ADD name: Complete item 7a or 7b, <u>and</u> item 7c DELETE name: Give record name to be deleted in item 6a or 6b CHANGE name and/or address: Complete item 5a or 6b; and item 7a or 7b and item 7c This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Perty Information Change - provide only one name (na or Polytuse exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SHEETX LPOSTAL CODE STATE COUNTRY 7c. MAILING ADDRESS CITY ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered 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 1st Security Bank of Washington

FIRST PERSONAL NAME

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

1384 35013

ADDITIONAL NAME(S)/INITIAL(S)

10. OPTIONAL FILER REFERENCE DATA: Debtor: Nestle, Judy - 5151120530

9b. INDIVIDUAL'S SURNAME