



Skagit County Auditor 11/28/2017 Page \$75.00 1 of 2 8:37AM

UCC FINANCING STATEMENT AMENDMENT

FO	LLOWINSTRUCTIONS					
	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294]			
	E-MAIL CONTACT AT EXER (optional) SPRFilling@cscinfo.com		1			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
l	1390 43785	\neg				
	Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703					
	Springheid, It 62703 Filed In: W	ashington (Skagit)				
Ľ			THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER 01312020023 12/02/2013		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> provide Debto	-	
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated v	vith respect to the security intere	et(s) of Secured Party authorizing this	Termination	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in tiem 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co			f Assignor in item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ve with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is	
5.	PARTY INFORMATION CHANGE:					
Ċ	Check one of these two boxes: AND Check one of these two boxes:			ne: Complete itemDELETE name:	Give record name	
_		***	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 7c to be deleted in i	tem 6a or 6b	
6, 1	CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAMEM/T Enterprises	e - grovide only	one name (6a or 6b)			
	Enterprises	age and the				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide	only <u>one</u> name (78 or 70) (use exact, full na	ne; do not omit, modify, or abbreviate any part o	the Debtor's name)	
	7a. ORGANIZATION'S NAME					
OR	75. INDIVIDUAL'S SURNAME					
	B. INDIVIDUAL 5 SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
7c.	MAILING ADDRESS	CITY		ISTATE IPOSTAL CODE	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	cottateral	DELETE collateral	ESTATE covered collateral	ASSIGN collateral	
ΑF	PN: 3867-000-012-0507; 3867-000-012-0903; 3867-	-000-012-1	1800: 3867-000-012-1	703		
′ ''	14. 0007 000 012 0007, 0007 000 012 0000, 0007	000 012	1000, 0001 000 012 1			
Th	e land and improvements together with all fixtures n	ow or here	eafter owned by Debto	or and attached or affixed	to the	
lar	nd or improvements. The real property located at: 1	9815 Apo	stolic Way, Burlington	, Washington 🧣 8233. 🔪		
LE	GAL DESCRIPTION: The West 234.55 feet of the	East 1/2 o	the West 1/2 of the S	South 1/2 of Tract 12, "Pl	AT OF	
Tŀ	IE BURLINGTON ACREAGE PROPERTY", as per p	olat record	ed in Volume 1 of Pla	ts, page 49, records of S	кади	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ICNIONACNIT. 1	benide ask ass some (Ca as Ob) (of Basianas if this is on Applicated		
		ame of authorizi		larne of Assignor, it this is all Assignmen		
	9a. ORGANIZATION'S NAME Columbia State Bank					
c-						
UR	O WOUNDLINE OF DATABLE			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(3)/INTTAL(3)	SULLING	
	96. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	Sulling	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ng purposes only in some filing offices - see Instruction Item 13): Provide only
name); see Instructions if name does not fit
ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
on of real estate: