



Skagit County Auditor 11/28/2017 Page

\$76.00 1 of 3 8:37AM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		7		
B. E-MAIL CONTACT AT FICER (optional) SPRFilling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
1390 43967	<u> </u>			
Corporation Service Company	I			
801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: \	Vashington	1 .		
	(Skagit)			
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ACE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed (for	
201312090037 12/09/2013		(or recorded) in the REA		
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated	with respect to the security inter	est(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected	b, <u>and</u> address pliateral in item	of Assignee in item 7c <u>and</u> name 8	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	prive with respec	ct to the security interest(s) of Se	cured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:	A STATE OF THE STA			
	g of∢hese three t KSE name and/or		eme: Complete itemDELETE name:	Give record name
	(Application)	7a or 7b <u>and</u> item 7c 7a or 7	b, and item 7c to be deleted in	item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAMEM/T Enterprises	iga - provide only	one name (6a or 6b)		
Line prises				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PLRSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - provide	only one name (7a.s. 7m) use exact full	name: do not omit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME	dell Ollange provide	77		
OR ST. MARINE CO.				
75, INDIVIDUAL'S SURNAME				
INDIVIDUALIS FIRST DEDECMAL MANE			<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	.,,,			SUFFIX
West to the same taken and the same to the			A STATE OF THE STA	
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	D collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
APN 3867-000-012-0507, 3867-000-012-0903, 386	7_000_012			
ABV Legal: Ptn Tr. 12, Burl. Acreage	-000-012-	1000, 5007-000-012-	1103	
7.57 Edgal. 1 (1 11, 12, 5am. 16.5ag)				
2003 Fleetwood Mobile Home, Vin#ORFL24829031L	513 and 1	969 LAMPL Mobile H	ome, Vin#10062; togethe	with all
Fixtures including but not limited to all Parts, Skirting'	s', Attachm	nents, Accessories ar	id Accessions thereto, wh	ether any
of the foregoing is owned now or acquired later; all A	ccessions,	Additions, Replacem	ents, and Substitutions re	lating to
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide	MENDMENT: name of authoriz		(name of Assignor, if this is an Assignment	enty
9a. ORGANIZATION'S NAME Columbia State Bank		<u> </u>		
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: M/T Enterprise				
				-

1390 43967

ICC FINANCING STATEMENT AMENDMENT ADDENDU	M	
OLLOW INSTRUCTIONS 1. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20131209037 12/09/2013	7	
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	-1	
12a ORGANIZATION'S NAME Columbia State Bank		
12b. INDIVIDUAL'S SURNAME	1	
FIRST PERSONAL NAME	1	
ADDITIONAL NAME(S)/INITIAL(S)	THE ABOVE SPACE IS FOR FILING OFFICE	IISE ONI Y
. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for inc		
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debto		
13a. ORGANIZATION'S NAME		
13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
A ADDITIONAL SPACE FOR ITEM 8 (Collateral):		
egal Description: See exhibit "A" attached hereto and made a part the	ereof for full legal description	
egal Description: See exhibit "A" attached hereto and made a part the	ereof for full legal description	
egal Description: See exhibit "A" attached hereto and made a part the	ereof for full legal description	
	ription of real estate:	
5. This FINANCING STATEMENT AMENDMENT: covers timber to be cut		

DESCRIPTION:

The West 234.55 feet of the East ½ of the West ½ of the South ½ of Tract 12, "PLAT OF THE BURLINGTON ACREAGE PROPERTY," as per plat recorded in Volume 1 of Plats, page 49, records of Skagit County, Washington.

TOGETHER WITH a non-exclusive easement for ingress, egress, and utilities over and across the North 15 feet of Lot 1, Block 138, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.", as per plat recorded in Volume 3 of Plats, page 11, records of Skagit County, EXCEPT the East 88.5 feet thereof.

Situate in the County of Skagit State of Washington.