



Skagit County Auditor
1/2/2018 Page

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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1405 83868 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201306140069 08/14/2013 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 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 For partial assignment, complete items 7 and 9 and also indicate affected collaboral in item 8 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: AND Check prie of these three boxes to: Check one of these two boxes: CHANSE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b ADD name: Complete item 7a or 7b, <u>and</u> 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 OR 66. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Kenneth Dahlstedt 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME

	NAME OF SECURED PARTY OF RECORD AUTH f this is an Amendment authorized by a DEBTOR, check he	HORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a ere and provide name of authorizing Debtor	or 9b) (name of Assignor, if this is an Assignment)	į
	9a. ORGANIZATION'S NAMESKagit Bank			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	Ī

CITY

ADD collateral

DELETE collateral

10. OPTIONAL FILER REFERENCE DATA: Debtor: Kenneth A Dahlstedt

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

8. COLLATERAL CHANGE: Also check one of these four boxes:

7c. MAILING ADDRESS

Indicate collateral

1405 83868

SUFFIX

COUNTRY

ASSIGN collateral

FOSTAL CODE

RESTATE covered collateral