



Skagit County Auditor

\$74.00

110	C FINANCING STATEMENT AMENDMENT	г	1/22/2018 Pa	ge	1 of	1 10:34AM
	LOWINSTRUCTIONS	•				
Α.	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfc.com					
C	SEND ACKNOWLEDGMENT TO: (Name and Address)					
	1414 75846  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: W	/ashington				
Ł		(Skagit)	THE ABOVE SPAC	E IS FOR FIL	ING OFFICE	: USE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 11210230002 10/23/2012	1	b. This FINANCING STATEM (or recorded) in the REAL Filer. attach Amendment Adde	ENT AMENDMI	ENT is to be fi	led [for record]
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated wi	th respect to the security interes	t(s) of Secured	Party authoriz	ing this Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co		Assignee in item 7c and name of	Assignor in iter	π 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified abord continued for the additional period provided by applicable law	we with respect t	to the security interest(s) of Secu	red Party autho	rizing this Cor	ntinuation Statement is
5.	PARTY INFORMATION CHANGE:					
	THECK DITE OF THESE (WD DOKES).	of these three bo: E name and/or ac	tdress: CompleteADD name	e: Complete iten	ا ــــ DELETE	name: Give record name
	his Change affects Debtor or Secured Party of record item 6a  CURRENT RECORD INFORMATION: Complete for Party Information Chang			and item 7c	to be del	eted in item 6a or 6b
	6a. ORGANIZATION'S NAME	s - Blowide only o	ng name (ca or ob)			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL N	IAME(S)/INITIA	SUFFIX
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	п Change - provide of	ny one name (7a.cr.7b) (use exact, full nam	ne; do not omit, mod	ify, or abbreviate a	iny part of the Debtor's name)
	7a. ORGANIZATION'S NAME					
UK	7b. INDIVIDUAL'S SURNAME				<u> </u>	
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)(INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE FOS	AL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral Ri	ESTATE covere	d Colleteral	ASSIGN collateral
	indicate collateral:				Land of the second	
						e adic
					A STATE OF THE STA	
				*		
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here [77] and provide no	IENDMENT: Pr ame of authorizing		ame of Assignor	, if this is an As	signment)
	9a ORGANIZATION'S NAME 1st Security Bank of Washington			., .		
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL N	IAME(S)/INITIA	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Debtor: Debtor = Oostra	a, Randy				1414 75846