



Skagit County Auditor 1/29/2018 Page

1 of

\$74.00 1 8:44AM

UCC FINANCING STATEMENT AMENDMENT

AMARC SPROJECT OF CONTROL TO THE PLANT OF	FOLLOW INSTRUCTIONS	-141			
E. E.M.A.C.CONTAGT AT EURIFORNIANS SPREFING (SECRETARION CONTAGE) SET (Adia) Sharemann Drive Springfield, II. 62703 Filed In: Washington (Skagl) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. Intria. Franching Statement File, Nukleis The Franking Statement Anti-Industry is to be filed for record (Skagl) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. Intria. Franking Statement Anti-Industry is to be filed for record (Skagl) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. Intria. Franking Statement Anti-Industry is to be filed for record (Skagl) The Franking Statement Anti-Industry is to be filed for record (Skagl) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. Intria. Franking Statement Anti-Industry is to be filed for record (Skagl) The Franking Statement Anti-Industry is to be filed for record (Skagl) The Franking Statement Anti-Industry is to be filed for record (Skagl) The Franking Statement Anti-Industry is to be filed for record (Skagl) The Additional Control of Statement Anti-Industry is to the filed statement of Assignment and Assignment Industry is to the security interestic) of Secured Party authorizing this Continuous Statement is continued to the additional period provided by applicable for record colleges with respect to the security interestic) of Secured Party authorizing this Continuous Statement is continued to the additional period provided by applicable for record (Skagl) and secured Party authorizing this Continued on the Skagl and S	A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	4			
C. SEND ACKNOWLEDGMENT TO. (Rume and Address) Tall 627646 Corporation Service Company 801 Aftall Stevenson Drive Springheld, it. 62703 Filed In: Washington (Skagld) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Tall MITTAL FINANCING STATEMENT ANNUARY is to be time (for record) The Financian Control of the Filed Springheld (Skagld) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Tall MITTAL FINANCING STATEMENT ANNUARY is to be time (for record) The Financian office of the Springheld (Skagld) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Tall MITTAL FINANCING STATEMENT ANNUARY is to be time (for record) The Financian Office of the Springheld (Skagld) The Springheld (Skagld) The Financian Office of the Springheld (Skagld) The Spri	B. E-MAIL CONTACT AT FILER (optional)				
Corporation Service Company Springfield, It. 62703 The Standors Statement of the State Statement of the Stat					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INSTAC FINANCING STATEMENT FILE NUMBER 201607290029 07/29/2016 1b. This FINANCING STATEMENT AND ENDINENTS is to be filed for record; 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/2016 201607290029 07/29/29/2016 201607290029 07/29/2016 20160729002900290029002900290029002900290029	Corporation Service Company 801 Adlai Stevenson Drive				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 201607290029 07/29/2016 The FINANCING STATEMENT FILE NUMBER 201607290029 07/29/2016 The FINANCING STATEMENT FIRE NUMBER STATEMENT FINANCING STATEMENT FI	Filed I				
2. I TERMINATION: Effectiveness of the Finning Statement identified Spove is terminated with respect to the security interest(s) of Secured Party authorizing the Termination Statement Statement. 3. ASSIGNMENT finit or partials: Provide mann of Assignosis skells 7 or 75, agail address of Assignes in item 7 or gas name of Assignor in item 9 4. CONTINUATION: Effectiveness of the Finning Statement statement of Statement in Statement			THE ABOVE SPA	ACE IS FOR FILING	OFFICE USE ONLY
Statement Statement State		4	(or recorded) in the REA	L ESTATE RECORDS	•
For partial assignment, complete items. 7 and 9 agod shollogicates effective Goodinate of the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided by applicable few continued for the additional period provided for the additional period provided few period continued for the additional period provided few period continued for the additional period provided few period fe	TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated with res	pect to the security inter-	est(s) of Secured Party	authorizing this Termination
Continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check ggg of these time aboves to: CHANSE mere and/or address. Complete leem DELETE name. Give record name Party information Change affocts ADD name. Complete leem DELETE name. Give record name Party information Change affocts ADD name. Complete leem DELETE name. Give record name Party information Change. Party information Change.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affective.	or 7b. <u>and</u> address of Assign led collaieral in item 8	nee in item 7c <u>and</u> name	of Assignor in Item 9	
Check agg of these two boxes: This Change affects Debtor zr Secured Party of record CRANDE mane and/or address Complete team a		ed above with respect to the	security interest(s) of Se	cured Party authorizing	this Continuation Statement is
CURRENT RECORD INFORMATION: Complete for Party information Change provide only gaz name (fa or 5b)	·				
S. CURRENT RECORD INFORMATION: Complete for Party Information Change - byovide only one name (da or 8b) Go. ORGANIZATION'S NAME OR 8b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SI/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (Tags 2a) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (Tags 2a) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (Tags 2a) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (Tags 2a) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (Tags 2a) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide (60) yat majer (70) (ast exact, full name, do not unit, mostly, or abbreviate say part of the Debtor's name) 8. COLLATERAL CHANGE: Also change of these four boxes: ADD collateral Deleter collateral RESTATE governing Collateral Assignment of Assignment of Party Change - provide (70) yat have all party Change - provide (70) yat have			Complete ADD na	me: Complete item	DELETE name: Give record name
Supplies the Deltons name OR 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME STATE CONFERE COUNTRY POWER OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assigningshit) It this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor SIR ORGANIZATION'S NAME 1st Security Bank of Washington OR 36. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX.				o, and item 7c	to be deleted in herif oa or eb
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Change - provide only gigs range (it got an including a sold or in modify, or abbreviate any part of the Debtor's name) 7. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SJAINTIAL(S) 7. MAILING ADDRESS CITY STATE GOO'S AL CODE COUNTRY 9. COLLATERAL CHANGE: Also check ging of these four boxes: ADD collateral DELETE collateral RESTATE governes collateral ASSIGN collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only ging name (9a or 9b) (name of Assignor, if this is an Assignment) It this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9. ORGANIZATION'S NAME 1st Security Bank of Washington OR 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
OR 7D. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE GOSSAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog 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 98. ORGANIZATION'S NAME 1st Security Bank of Washington OR 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR 66, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME .	ADDITIONAL NAME	(S)ANITIAL(S) SUFFIX
OR 75 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE coverage collateral ASSIGN 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 98. ORGANIZATION'S NAME 1st Security Bank of Washington OR 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX.	7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	formation 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)
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag 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. DRGANIZATION'S NAME 1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		Asparatititaes			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE BOSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE coverent collateral ASSIGN 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 Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME 1st Security Bank of Washington OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	76. INDIVIDUAL'S SURNAME				
7c. MAILING ADDRESS CITY STATE BOSTAL CODE COUNTRY 8. CDLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE coveres collateral ASSIGN 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 Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME 1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	INDIVIDUAL'S FIRST PERSONAL NAME				
8. CDLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE coveres collateral ASSIGN 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 OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	·- <u>-</u> -	Marine Ma	A STATE OF THE STA	SUFFIX
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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	7c. MAILING ADDRESS	CITY	Phaseport of the Control	STATE POSTAL O	COUNTRY COUNTRY
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 NAME1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DE	LETE collateral	RESTATE covered coll	ateral ASSIGN collateral
It 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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			_		
It 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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				A American	
It 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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
It 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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
It 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 OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	_				
OR 9b. INDIVIDUAL'S SURNAME Sa. ORGANIZATION'S NAME 1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				(name of Assignor, if thi	is is an Assignment)
SD. INDIVIDUAL S SURNAME	·		Dr		
10 OPTIONAL FILER REFERENCE DATA Dobtor: Root Mark = 5151000720	OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME	(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA DEDIOT. ROOL, WATE - 5 TO 1000/20	10 OPTIONAL FILER DECEPENCE DATA Dobter Doct Morle	- 5151000720		<u> </u>	