



| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 | Skagit County Auditor 1/29/2018 Page | \$74.00 |
|---|--|--|
| B. E-MAIL CONTACT AT FILER (optional) | 1/29/2018 Page | 1 of 110:06AM |
| SPRFiling@cscinfo.com | | |
| C. SEND ACKNOWLEDGMENT TO (Name and Address) | 1 | |
| T1415 57679 | · · | |
| Corporation Service Company | | |
| 801 Adlai Stevenson Drive | | |
| Springfield, IL 62703 Filed In: Washington | | |
| (Skagit) | | WAR CHIEF WAT CHIEV |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | THE ABOVE SPACE IS FOR FILE 1b. This FINANCING STATEMENT AMENDM | |
| 201210230002 10/23/2012 | 1b. This FINANCING STATEMENT AMENDM (or recorded) in the REAL ESTATE RECO Filer. attach Amendment Addendum (Form UCI | RDS |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated | | |
| Statement | with respect to the according interest(s) or decorded | ally dollarizing the vermidae. |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 3b, and address of For partial assignment, complete items 7 and 9 and also indicate effected collaboral in item | of Assignee in item 7c <u>and</u> name of Assignor in ite 8 | m 9 |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respection continued for the additional period provided by applicable law | t to the security interest(ϵ) of Secured Party author | orizing this Continuation Statement is |
| 5. PARTY INFORMATION CHANGE: | | |
| Charle and of those him boyes: AND Check give of these three to | | nDELETE name: Give record name |
| This Change affects Debtor or Secured Party of record CHANGE name and/or item to be the secured Party of record Item to be the secured | 7a or 7b and item 7c 7a or 7b, and item 7c | to be deleted in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change. provide only | one name (5a or 6b) | |
| - 6a, ORGANIZATION'S NAME | | |
| OR Bb. INDIVIDUAL'S SURNAME FIRST PERSO | NAL NAME ADDITIONAL N | NAME(S)/INITIAL(S) SUFFIX |
| | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide | only one name (7a of 7b) (use exact, full name; do not omit, mor | lify, or abbreviate any part of the Debtor's name) |
| 7a. ORGANIZATION'S NAME | | |
| 7b. INDIVIDUAL'S SURNAME | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 7c. MAILING ADDRESS CITY | STATE POS | SAL CODE COUNTRY |
| | | |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral | DELETE collateral RESTATE covers | ASSIGN collatera |

| NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here | | (9a or 9b) (name of Assignor, if this is an Assignate | nt |
|---|---------------------|---|--------|
| 9a. ORGANIZATION'S NAME 1st Security Bank of | Washington | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| to OPTIONAL FILER REFERENCE DATA: Debtor: Oos | tra Randy | | |

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