

UCC FINANCING STATEMENT AMENDMENT



**Skagit County Auditor** 

\$74.00 1 10:10AM

FOLLOW INSTRUCTIONS 2/23/2018 Page 1 of A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinte.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1427 46828 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201502020024 02/02/2015 (or recorded) in the REAL ESTATE RECORDS 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 flem 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 collateral in item 8		
CONTINUATION: Effectiveness of the Financing Statement of continued for the additional period provided by applicable law.	lemined above with respect to the security interest(	(s) of Secured Party authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:	A A seek seek seek seek seek seek seek s		
Check one of these two boxes:	Check one of these three boxes to:		
This Change affects Debtor or Secured Party of record	OFIANGE name and/or address: Complete item 6a.or 6b; and item 7a or 7b and item 7c	ADD name: Complete item DELETE name:	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information		75 di 75, di gittati 10	Merii da oi ob
6a. ORGANIZATION'S NAME	audit Change - provide only <u>offe</u> have (da or ob)		
OR			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
*			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F	Party information Change - provide 255 756 page 172 or 36) (use	evant full name: do not omit modify, or abbreviate any part	of the Daktor's name)
7a. ORGANIZATION'S NAME			o de de la marie,
75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	The state of the s		SUFFIX
7c. MAILING ADDRESS	CITY	STATE FOSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collateral	RESTATE coverest collateral	ASSIGN collateral
Indicate collateral:			

	<del>_</del>			1 8
	NAME OF SECURED PARTY OF RECORD AUTH	HORIZING THIS AMENDMENT: Provide only one name (9a or 9b)	(name of Assignor, if this is an Assignmen	ny /
	Sa. ORGANIZATION'S NAME1st Security Bank			A STATE OF THE STA
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor: Heller, David W. - 5150806680

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