

5. PARTY INFORMATION CHANGE:

Check one of these two boxes:

6a, ORGANIZATION'S NAME.

NORTHWEST

6b. INDIVIDUAL'S SURNAME

7a. ORGANIZATION'S NAME

7b. INDIVIDUAL'S SURNAME

7c. MAILING ADDRESS

Indicate collateral:

INDIVIDUAL'S FIRST PERSONAL NAME

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

COLLATERAL CHANGE: Also theck one of these four boxes:

OR

OR



C FINANCING STATEMENT AMENDMENT

continued for the additional period provided by applicable law

Ruck

This Change affects Debtor or Secured Party of record

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\$74.00 1 3:48PM

SUFFIX

COUNTRY

ASSIGN collateral

FOLLOWINSTRUCTIONS	
A. NAME'S PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: \Name and Address)	
	_
LAND TITLE & ESCROW	
OF SKAGIT & ISLAND COUNTY	-
111 E GEORGE HOPPER RD	
BURLINGTON WA 99233	
1a, INITIAL FINANCING STATEMENT FILE NUMBER	(0)
2017-020-0617-2 (AF- 2017 DII 20) (120¢

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (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 continue above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee is item 7a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected confateral 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 HANGE name and/or address; Complete item ba or 6b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one name (6a or 6b) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide any one racife (7a.or.7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

FOSTAL CODE

RESTATE covered conateral

	NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR, check	THORIZING THIS AMENDMENT: Provide only one name (9a or here and provide name of authorizing Debtor	r 9b) (name of Assignor, if this is an Assignment)
ΛP	9a. ORGANIZATION'S NAME		
UK	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFF
	CHANEY	RONALD	ROSE

DELETE collateral

AND Check are of these three boxes to:

CITY

ADD collateral

10. OPTIONAL FILER REFERENCE DATA: