



UCE FINANCING STATEMENT AMENDMENT

Skagit County Auditor

\$74.00

FOLLOW INSTRUCTIONS	3/1	6/2018 Page	1 of	1 8:39AM
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional)	- · · · · · · · · · -			
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	i			
1437 81293				
CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In: W				
	(Skagit)			
1a, INITIAL FINANCING STATEMENT FILE NUMBER		VE SPACE IS FOR FILING		
200512010129 12/01/2005	(or recorded) in t	STATEMENT AMENDMENT THE REAL ESTATE RECORD	· S	•
2. TERMINATION: Effectiveness of the Financing Statement identified above		dment Adderklum (Form UCC3A ty interest(s) of Secured Par		
Statement				
ASSIGNMENT (full or partial): Provide name of Assigned in tem 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co		d name of Assignor in item 9	<u> </u>	
CONTINUATION: Effectiveness of the Financing Statement identified abord continued for the additional period provided by applicable law	e with respect to the security interest(s	s) of Secured Party authorizi	ing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:			***	
	of these three boxes to:	ADD name: Complete item _	— DELETE nomo: (Sive record name
		7a or 7b, and item 7c	DELETE name: (to be deleted in #	em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAMEC&G TIMBER INC	e - provide only <u>one</u> name (6a or 6b)	<u> </u>		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM	IE(S)/INITIAL(S)	SUFFIX
		<u> </u>		
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatio 7a. ORGANIZATION'S NAME 	n Change - provide Only <u>one</u> hame (7a or 7b) (using	xact, full name; do not omit, modify, o	or abbreviate any part of	the Debtor's name)
7b. INDIVIDUAL'S SURNAME		- Inches		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL STRIST FERSONAL PARILE		Photogram		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	**************************************	Market Ma		
7c. MAILING ADDRESS	CITY	STATE POSTAL	CODE	COUNTRY
				22.21
COLLATERAL CHANGE: Also check one of these four troxes: ADD Indicate collateral:	collateral DELETÉ collateral	RESTATE covered to	ollateral A:	SSIGN collateral
mulate solutional.				
				a.
		*		
A NAME OF SECURED PARTY OF RECORD ALITHOPIZING THIS AM	ENDMENT: Demilds and answer	or Dh) (name of Assistant 191	Ibia in all Appellant	
	ENDMENT: Provide only <u>one</u> name (9a mie of authorizing Debtor	i ui əb) (name of Assignor, if f	inis is an Assignmen	1/2
9a. ORGANIZATION'S NAMESKAGIT BANK	<u> </u>	<u> </u>		77
OR 95 INDIVIDUAL'S SURNAME	CIDCT DEDCONAL NAME	ADDITIONAL MASS	E/SVINITIAL /S)	Telicely 3
AD HADIADOVE'S SOLKWAWE	FIRST PERSONAL NAME	ADDITIONAL NAM	e(o)/mithAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: C&G TIMBER II	NC:	<u> </u>	·	
THIDER I	••			1437 81293