

05/08/2018 02:59 PM Pages: 1 of 2 Fees: \$75.00 Skagit County Auditor

	LOW INSTRUCTIONS		_			
	IAME & PHONE OF CONTACT AT FILER (optional)					
	nie Ha F-MAIL CONTACT AT FILER (optional)		-			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	 	-			
ſ	Jnisearch, Inc. (PL) 780 Barnes Blvd. S.W., Bldg. G	刁				
	Furnwater WA. 98512-0410					
	<u>Direct-299102</u>	kagit Count	THE ABOVE	CDACE IC EC	OR FILING OFFICE USE	· 0.11 v
1a. I	NITIAL FINANCING STATEMENT FILE NUMBER		1b. X This FINANCING ST	ATEMENT AM	ENDMENT is to be filed if	
01	303180254		(or recorded) in the	REAL ESTATE	RECORDS om UCCSAti) and provide Det	-
2. [TERMINATION: Effectiveness of the Financing Statement Identified ab Statement	ove la terminated	with respect to the security in	nterest(s) of Se	coursed Party authorizing th	la Termination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in Item 7e or For partial sesignment, complete Items 7 and 9 and also indicate affected	7b, and address	of Assignee in Item 7c <u>and</u> no	ame of Assigno	r in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law			f Secured Party	y authorizing this Continue	tion Statement is
5.	PARTY INFORMATION CHANGE:	_				· · · · · · · · · · · · · · · · · · ·
		<u>ine</u> of these three t	noxes lo:			
	is Change effects Debtor or Secured Party of record	ANGE name and/or	address: CompleteAD	D name: Compi or 7b, <u>end</u> item 7		: Give record neme
	URRENT RECORD INFORMATION: Complete for Party Information Ch	ange - provide only	res some /Re as (h)	or ro, <u>eac</u> nem a	70 to ba deleted in	iltem Ge or Gb
Ì	Ba. ORGANIZATION'S NAME		TATIO LIGHT (AR OL OD)			
	BE. ORGANIZATION'S NAME		Mid harie (on or on)	 -		············
20	8s. ORGANIZATION'S NAME Sonshine Suites LLC 8s. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	DNAL NAME(SVINITIAL (S)	[8])FEIY
	Sonshine Suites LLC			ADDITIO	DNAL NAME(SYINITIAL(S)	SUFFIX
0R	isa, ORGANIZATION'S NAME SONSHING SUITES LLC SIGNIFICATION SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
0R	Sonshine Suites LLC	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR 7. C	USE, ORGANIZATION'S NAME SONS NINC SUITES LIC BIS INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information, ORGANIZATION'S NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR 7. C	isa, ORGANIZATION'S NAME SONSHING SUITES LLC SIGNIFICATION SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR 7. C	SONS AINCE SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 75. ORGANIZATION'S NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR 7. C	USE, ORGANIZATION'S NAME SONS NINC SUITES LIC BIS INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information, ORGANIZATION'S NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR 7. C	SONS AINCE SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 75. ORGANIZATION'S NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	of the Debtor's name)
OR 7. C	SONSHING SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	
OR	SONSHING SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	FIRST PERSO	NAL NAME		• • • • • • • • • • • • • • • • • • • •	of the Debtor's name)
7. C	SONSHING SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) IAILING ADDRESS	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact	state	mit, modify, or abbroviole any peri	of the Deblor's name)
7. C	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	FIRST PERSO	NAL NAME	state	vnit, modify, or abbroviole any pari	of the Deblor's name)
7. C	SONSHING SUITES LLC 35. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)) IAILING ADDRESS	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact	state	mit, modify, or abbroviole any peri	of the Deblor's name) SUFFIX COUNTRY
7. C	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact	state	mit, modify, or abbroviole any peri	of the Deblor's name) SUFFIX COUNTRY
7. C	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact	state	mit, modify, or abbroviole any peri	of the Deblor's name) SUFFIX COUNTRY
7. C	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact) DELETE politieral	state	mit, modify, or abbroviole any peri	of the Deblor's name) SUFFIX COUNTRY
OR OR	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment of Party Inform 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	FIRST PERSO	NAL NAME only the name (70 or 7b) (use exact) DELETE politieral	state	mit, modify, or abbroviole any peri	of the Deblor's name) SUFFIX COUNTRY
7. C	SORSHINE SUITES LLC BB. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 75. ORGANIZATION'S NAME 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) VAILING ADDRESS COLLATERAL CHANGE: Also check gag of these four boxes: All Indicate collateral:	FIRST PERSO Change - provide CITY DD colletoral	NAL NAME only gas name (7e or 7b) (use exact DELETE pollateral	STATE	POSTAL CODE	SUFFIX COUNTRY ASSIGN collaters
7. C	SORSHINE SUITES LLC Bb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 75. ORGANIZATION'S NAME 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) IAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	FIRST PERSO Change - provide CITY DD colletoral	NAL NAME only gne name (7e or 7b) (use exact DELETE polleteral	STATE	POSTAL CODE	SUFFIX COUNTRY ASSIGN collaters
7. C	SOBSHINE SUITES LLC Bb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check pag of these four boxes: All Indicate collatere): AME OF SECURED PARTY OF RECORD AUTHORIZING THIS. This is an Amendment authorized by a DEBTOR, check here — and provide	FIRST PERSO Change - provide CITY DD colletoral	NAL NAME only gne name (7e or 7b) (use exact DELETE polleteral	STATE	POSTAL CODE	SUFFIX COUNTRY ASSIGN collaters
OR	SOBSHINE SUITES LLC Bb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information. Organization's NAME 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) IAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING THIS. AME OF SECURED PARTY OF RECORD AUTHORIZING THIS. Bills is an Amendment authorized by a DEBTOR, check here and provide the ORGANIZATION'S NAME	FIRST PERSO Change - provide CITY DD colletoral	NAL NAME only gne name (7e or 7b) (use exact DELETE polleteral	STATE	POSTAL CODE	SUFFIX COUNTRY ASSIGN collaters
7. C	SOBSHINE SUITES LLC Bb. INDIVIDUAL'S SURNAME HANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check pag of these four boxes: All Indicate collatere): AME OF SECURED PARTY OF RECORD AUTHORIZING THIS. This is an Amendment authorized by a DEBTOR, check here — and provide	FIRST PERSO Change - provide CITY DD colletoral	NAL NAME only gra name (70 or 7b) (use exact DELETE pollateral Provide only gre name (8e or ing Debtor	STATE RESTATE 9b) (name of As	POSTAL CODE	SUFFIX COUNTRY ASSIGN collaters

201805080044 05/08/2018 02:59 PM Page 2 of 2

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same se Itom 1a on Amendment form 201303180254 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as Item 9 on Amendment form 12a. ORGANIZATION'S NAME OR UNIBANK 126. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filling offices - see instruction liem 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name dose not fit 13a, ORGANIZATION'S NAME Sonshine Suites LLC OR 135, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INIT(AL(8) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15, THIS FINANCING STATEMENT AMENDMENT: 17. Description of real estate: Covers timber to be cut Covers as-extracted collaterel Is to filed as a fixture filing 16. Name and address of a RECORD OWNER of real extate described in item 17 (if Debtor does not have a record interest): 18. MISCELLANEOUS: