## 201807020019 07/02/2018 09:05 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

## UCC FINANCING STATEMENT AMENDMENT

A. MAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-658-5294  B. EMAL CONTACT AT FILER (optional) CSC 1-800-658-5294  B. EMAL CONTACT AT FILER (optional) CSC 3-801-AGRIS (Superior) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS F	FOLLOW INSTRUCTIONS				
SPREFILING(GCSCG)COBAL COM  CS CSND ACKNOWLEGMENT TO: (Name and Address)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Tales 79700  CSC  801 Addial Stevenson Drive Springfield, IL 62703  Filled In: Washington (Sksgil)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. NITIAL FINANCING STATEMENT FILE NUMBER  1b.   The FINANCING STATEMENT ANNINOSET to be fired for record;  1c. SERTING ATTON: Endowerson Endowerson Identified above is terminated with respect to the security interesting of Secured Party authorizing that Terminated Statement Identified above is terminated with respect to the security interesting of Secured Party authorizing that Terminated Statement Identified advise with respect to the security interesting of Secured Party authorizing that Terminated Statement Interesting Indicate Obligation in them 5    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 7s or 7b, and advises of Assignose in Item 7s and name of Assignose in Item 9    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 7s or 7b, and advises of Assignose in Item 7s and name of Assignose in Item 9    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 7s or 7b, and advises of Assignose in Item 7s and name of Assignose in Item 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial; Providig name of Assignose in Rem 10    ASSIGNMENT fluid or partial;					
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Bolt Adlai Stevenson Drive Springfield, it. 62703  Filed In: Washington (Skagit)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INTELLIBRATION CHIEGOPHORE STATEMENT FILE NUMBER 201308290129 08/29/2013  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. The FinANCING STATEMENT AMENDMENT is to be fitted for record! Filed all to inventioner Address and Financing Statement Identified above is terminated with respect to the firm UCCAM gar provide bottor's name in tem 19. The Financing Statement Identified above is terminated with respect to the recurstly interest(c) of Secured Party subtricting this Termination  ABSIGNMENT flui or portial). Provide intere of Assignee in Item 7 and name of Assignee in Item 7 and name of Assignee in Item 7 and name of Assignee in Item 8.  ABSIGNMENT flui or portial). Provide intered of Assignee in Item 7 and name of Assignee		コ			
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For partial assignment, complete items 7 and 9 and also indicate affected collateral in flem 6  4. CONTINUATION: Effectiveness of the Financing statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:  AND Check zins of these two boxes:  AND Check zins of these two boxes:  AND Check zins of these two boxes:  This Change affects   Debtor of 2   Secured Party of record   lent Bas of Party of This Change and altern 7 acr 7 to 2 to	TERMINATION: Effectiveness of the Financing Statement identification     Statement	fied above is terminated t			
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6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 6b)  6a. ORGANIZATION'S NAME Samish River Properties, LLC  OR 6b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (vas exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINTIAL(S)  6. COLLATERAL CHANGE: Also check one of these four boxes: ADD collisteral DELETE collisteral RESTATE covered collateral ASSIGN collisteral Indicate collatera:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  19. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  9a. ORGANIZATION'S NAME Columbia State Bank  OR  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  10. OPTIONAL FILER REFERENCE DATA/Debtor: Samish River Properties, LL C-13/06/03/813	Official of these two poxes.	theck <u>one</u> of these three b CHANGE name and/or a item 6a or 6b; and item	oxes to: address: Complete AD	D name: Complete itemDELETE name	Give record name
OR 6b. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(\$)/INTITIAL(\$)   SUFFIX    7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only goe name (7a or 7b) (sue exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)    7a. ORGANIZATION'S NAME    7b. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME    INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)   SUFFIX    7c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY   USA    8. COLLATERAL CHANGE: Also check goe of these four boxes: ADD collateral   DELETE collateral   RESTATE covered collateral   ASSIGN collateral   Indicate collateral culturated by a DEBTOR, check here   and provide name of authorizing Debtor    9a. ORGANIZATION'S NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(\$)/INITIAL(\$)   SUFFIX    10. OPTIONAL FILER REFERENCE DATA/Debtor: Samish River Properties   I. C1306003813.	6. CURRENT RECORD INFORMATION: Complete for Party Informati	ion Change - provide only		or 75, gnd item 70to be deleted in	item ba or bb
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