## 201807160049

UCC FINANCING STATE	EMENT AMEN	IDMEN	T Skas	it County Aud	itor	rages: 1 of	Z Fees:	\$100.00
A. NAME & PHONE OF CONTACT A CSC 1-800-858-5294	T FILER (optional)		·- ··	1				
B. E-MAIL CONTACT AT FILER (option SPRFiling@cscglobal.co								
C. SEND ACKNOWLEDGMENT TO:	(Name and Address)			1				
1490 25898 CSC			$\neg$					
801 Adlai Stevenson Drive Springfield, IL 62703		Eilad In: M	Vashington	•				
		i lied iii. V	(Skagit)					
1a. INITIAL FINANCING STATEMENT FILE	NUMBER			THE AT		CE IS FOR FILIN		
201309030123 09/03/2013				(or recorded)	in the REAL	ESTATE RECORD Jendum (Form UCC3A	S	
TERMINATION: Effectiveness of Statement	the Financing Statement i	identified abov	e is terminated v	ith respect to the se	curity interes	st(s) of Secured Par	rty authorizing this	Termination
ASSIGNMENT (full or partial): P     For partial assignment, complete ite					and name o	of Assignor in item 9	1	•
4. CONTINUATION: Effectiveness continued for the additional period			ove with respect	to the security intere	est(s) of Sec	ured Party authorizi	ing this Continuati	on Statement is
5. PARTY INFORMATION CHANG	E:							· · · · · · · · · · · · · · · · · · ·
Check one of these two boxes:	A		of these three bo GE name and/or a		ADD nam	ne: Complete item _	DELETE name:	Give record name
	ecured Party of record			ddress: Complete a or 7b <u>and</u> item 7c	7a or 7b,	and item 7c	to be deleted in	
6a. ORGANIZATION'S NAMENELL	THORN, LLC	ormation Chang	ge - provide only	one name (6a or 6b)				
OR 6b. INDIVIDUAL'S SURNAME			FIRST PERSON	AL NAME		ADDITIONAL NAM	IE(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMA  7a. ORGANIZATION'S NAME	I TON: Complete for Assignmen	t or Party Informati	on Change - provide	niy <u>one</u> name (7a or 7b) (u	ise exact, full na	ime; do not omit, modity, o	or abbreviate any part o	of the Debtor's name)
7b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL	NAME							
INDIVIDUAL'S ADDITIONAL NAME	(S)/INITIAL(S)	•						SUFFIX
7c, MAILING ADDRESS			CITY			STATE POSTAL	CODE	COUNTRY
8. COLLATERAL CHANGE: Also	check one of these four box	es: ADD	collateral	DELETE collatera	al De	RESTATE covered co	ollateral	ASSIGN collateral
All Fixings Located at 1	<del></del>		•					ioorory obligatoral
Parcel #P74455, 4129-018-					of Skan	ait County: wh	nether any o	of the
foregoing is owned now or a								
foregoing; all records of any				,	,			,
Abbreviated Legal: PTN. B	LOCK 1, "MAP O	F LACON	NNER, WH	ATCOM COU	INTY, W	ASHN. TERI	RY., 1872";	AND PTN.
O NAME OF SECURED DARRY OF	DECORD AUTHORIZ	UNIO TURO AR	AENDMENT, 6					
<ol><li>NAME OF SECURED PARTY OF If this is an Amendment authorized by a</li></ol>	DEBTOR, check here		ame of authorizing		(9a or 9b) (r	name of Assignor, if i	inis is an Assignme	ent)
9a. ORGANIZATION'S NAMEWhidk	pey Island Bank							
OR 9b. INDIVIDUAL'S SURNAME			FIRST PERSON	AL NAME		ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE D	ATA:Debtor: NELL	. THORN,	, LLC					1490 25898
				-				. 100 20090

11. 20			
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as it 01309030123 09/03/2013	em 1a on Amendment form	
.12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendment form	7
	12a. ORGANIZATION'S NAME	1	
k.	Whidbey Island Bank		_1
<b>&gt;</b>			
OR	12b. INDIVIDUAL'S SURNAME		-
	FIRST PERSONAL NAME		<b>-</b>
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	<b>1</b>
42	Alone of DERTOR on related fine view statement (No. 1)	15.11.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	name of DEBTOR on related financing statement (Name of a cone Debtor name (13a or 13b) (use exact, full name; do not omit, modi		ndexing purposes only in some filing offices - see Instruction item 13): Provide only or's name); see Instructions if name does not fit
	13a. ORGANIZATION'S NAME	· · ·	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
15.1	This FINANCING STATEMENT AMENDMENT:	is filed as a fixture filing	ription ( (양리 우리라): ATTACHED EXHIBIT "A"