



201808130009

08/13/2018 08:53 AM Pages: 1 of 1 Fees: \$99.00  
Skagit County Auditor

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> <b>RE</b>
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>  Salal Credit Union P.O. Box 19340 Seattle, WA 98109

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<b>1a. INITIAL FINANCING STATEMENT FILE #</b> <b>201711080048</b>	<b>1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.</b> <input checked="" type="checkbox"/>
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**2. ☒ TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

**3. ☐ CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

**4. ☐ ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

**5. AMENDMENT (PARTY INFORMATION):** This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

**6. CURRENT RECORD INFORMATION**

<b>6a. ORGANIZATION'S NAME</b>			
<b>OR 6b. INDIVIDUAL'S LAST NAME</b> <b>RANDLES</b>	<b>FIRST NAME</b> <b>ROD</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>

**7. CHANGED (NEW) OR ADDED INFORMATION:**

<b>7a. ORGANIZATION'S NAME</b>			
<b>OR 7b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>

<b>7c. MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>	<b>COUNTRY</b>
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<b>7d. SEE INSTRUCTIONS</b>	<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>7e. TYPE OF ORGANIZATION</b>	<b>7f. JURISDICTION OF ORGANIZATION</b>	<b>7g. ORGANIZATIONAL ID #, if any</b> <input type="checkbox"/> NONE
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**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

<b>9a. ORGANIZATION'S NAME</b> <b>Salal Credit Union</b>			
<b>OR 9b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>

**10. OPTIONAL FILER REFERENCE DATA**