201808270026 08/27/2018 08:52 AM Pages: 1 of 3 Fees: \$101.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		7		
B. E-MAIL CONTACT AT FILER (optional)		1		
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
1510 50523				
CSC 801 Adlai Stevenson Drive				
Springfield II 62703	Washington			
	(Skagit)	ł		
			ACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201504200103 04/20/2015		(or recorded) in the REA	EMENT AMENDMENT is to be filed IL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> provide D	•
2. TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected.			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law			cured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check on	e of these three b			
		7a or 7b <u>and</u> item 7c 7a or 7	me: Complete item o, and item 7c DELETE nam to be deleted	e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char • Fa ORGANIZATION'S NAMEQUALITY SEAFOOD SERVICE		<u>one</u> name (6a or 6b)	·	
OR 5b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANCED OD ADDED INCODIATION CONTRACTOR	20 11		1	
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME 	uon Change - provide	uny grig name (va or vo) (use exact, int	name, oo not oma, moonly, or aboreviate any pa	in of the Debtar \$ name)
OR				
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			-	SUFFIX
7c MAILING ADDRESS	ТСІТҮ		PTATE DOCTAL CODE	COUNTRY
76 MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes. AD	D collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
A) Allicassiens, including but not limited to	D: ALL INVI	ENTORY, CHATTEL	PAAPER, ACCOUNTS	
EQUIPMENT AND GENERAL INTANGIBLES: WHET	THER ANY	OF THE FOREGOIN	IG IS OWNED NOW OI	₹
ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS				
ANY OF THE FOREGOING; ALL RECORDS OF AN' PROCEEDS RELATION TO ANY OF THE FOREGO				
OTHER ACCOUNTS PROCEEDS) WHEREVER LOC			, CENERAL INTENTO	LLOAND
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT: 4	Provide only one name (9a or 9b)	(name of Assignor, if this is an Assign	ment)
If this is an Amendment authorized by a DEBTOR, check here and provide	name of authorizi		(Testilo of Floorighot, it disc to all Floorigh	
9a. ORGANIZATION'S NAME 1st Security Bank of Washingto	n			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
l	ŀ			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201504200103 04/20/2015 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME 1st Security Bank of Washington 12b. 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 filing offices - see Instruction item 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 does not fit 13a. ORGANIZATION'S NAME QUALITY SEAFOOD SERVICES, LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): B) PURCHASE MONEY SECURITY INTEREST IN ALL FIXTURES, INCLUDING BUT NOT LIMITED TO A 60' X 100' X 20' PRE-ENGINEERED STEEL BUILDING LOCATED AT 466 S. SPRUCE ST, BURLINGTON, WA 98223 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collaterat is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest); 18. MISCELLANEOUS:

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201504200103 04/20/2015 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME 1st Security Bank of Washington 12b. 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 filing offices - see Instruction item 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 does not fit 13a. ORGANIZATION'S NAME 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): MAILING ADDRESS: QUALITY SEAFOOD SERVICES LLC PO BOX 850 BURLINGTON, WA 98233 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): 18. MISCELLANEOUS:

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)