201810010138

10/01/2018 11:29 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1527 60570 CSC 801 Adlai Stevenson Drive	7		•		
Springfield, IL 62703 Filed In:	: Washington				
	(Skagit)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b.	This FINANCING STA		NT is to be filed [for r	•
201310250043 10/25/2013		(or recorded) in the RE Filer: <u>attach</u> Amendment			's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified ab Statement	pove is terminated with res	pect to the security into	erest(s) of Secured Pa	arty authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected.		ee in item 7c <u>and</u> nam	e of Assignor in item	9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to the	security interest(s) of S	Secured Party authori	zing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
	one of these three boxes to: ANGE name and/or address:	Complete ADD	name: Complete item	DELETE name: (Sive record name
This Change affects Debtor or Secured Party of record item	n 6a or 6b; <u>and</u> item 7a or 7b	and item 7c 7a or	7b, and item 7c	to be deleted in it	em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch 6a. ORGANIZATION'S NAMEWATER & WASTEWATER SE		ne (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ΛE	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	mation Change - provide only one	ame (7a or 7b) (use exact, fi	ill 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 ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POST	AL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DE	LETE collateral	RESTATE covered	collateral A	SSIGN collateral
Indicate collateral:					
	:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			o) (name of Assignor, i	if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provided and provide	de name of authorizing Debt	or			
_					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME .	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: WATER & W.	ASTEWATER SE	RVICES LLC			1527 6057