

201810150066 10/15/2018 11:34 AM Pages: 1 of 1 Fees: \$99.00

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT			
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		1		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
1534 18603 CSC				
801 Adlai Stevenson Drive	<i>N</i> ashington			
	(Skagit)			
		д	CE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201311010081 11/01/2013		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for . ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Debt	
TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated w	rith respect to the security interes	st(s) of Secured Party authorizing this	s Termination
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 items 7.			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	ured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:	-			
Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: CompleteADD name: Complete itemDELETE name: Give record name				
This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c To a or 7b, and item 7c to be deleted in item 6a or 6b				
 CURRENT RECORD INFORMATION: Complete for Party Information Char fea. ORGANIZATION'S NAMEDACODO, LLC 	nge - provide only	one name (6a or 6b)		
Dacodo, LLO				
Of 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	tion Change - provide of	only one name (7a or 7b) (use exact, full na	I ame; do not omit, modify, or abbreviate any part o	of the Debtor's name)
7a. ORGANIZATION'S NAME			······································	
OR 75 INDIVIDUALS SUSPIANS				
7Б. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				USA
COLLATERAL CHANGE: Also check one of these four boxes: AD Indicate collateral:	D collateral	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
indicate condition.				
A NAME OF SECURED DARTY OF RECORD AUTHORISTS THE	MENDMENT -			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here			name of Assignor, if this is an Assignment	ent)
9a. ORGANIZATION'S NAMEFIRST Financial Northwest Bank				
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Dacodo, LLC	- 11156020	7 ka		1534 18603