MANUAL CHARLESTON (MOTICINALLY) (MOTICINALLY) 201811260062 11/26/2018 09:00 AM Pages: 1 of 2 Fees: \$100.00 Skagit County Auditor

FOLLOWINS	ANCING STATEMENT AIMENDINT TRUCTIONS	MENI			
	HONE OF CONTACT AT FILER (optional) 1-800-858-5294				
	ONTACT AT FILER (optional) ng@cscglobal.com		1		
C. SEND AC	KNOWLEDGMENT TO: (Name and Address)		1		
	i Stevenson Drive	ed In: Washington (Skagit)	THE ABOVE SP	ACE IS FOR FILING OFFICE L	ISF ONLY
	ANCING STATEMENT FILE NUMBER 50017 05/25/2000	_	1b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMENT is to be filed	[for record]
2. TERMI Stateme	NATION: Effectiveness of the Financing Statement identifint	ied above is terminated v			
	NMENT (full or partial): Provide name of Assignee in item at assignment, complete items 7 and 9 <u>and</u> also indicate at			of Assignor in item 9	
4. CONTI continue	NUATION: Effectiveness of the Financing Statement ider d for the additional period provided by applicable law	ntified above with respect	to the security interest(s) of Se	cured Party authorizing this Conti	nuation Statement is
5. PARTY	INFORMATION CHANGE:			_	
	these two boxes.	heck one of these three be CHANGE name and/or	ddress: CompleteADD na	nme: Complete itemDELETE na	me: Give record name
	affects Debtor or Secured Party of record RECORD INFORMATION: Complete for Party Informati	item 6a or 6b; and item		p, and item 7c to be delete	ed in item 6a or 6b
	NIZATION'S NAMESALEM VILLAGE ONE, LI		one name (od or ob)		
6b. INDIVI	DUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED	OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Change - provide	only one name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGA	NIZATION'S NAME				
OR 7b. INDIVI	DUAL'S SÜRNAME				
INDIVI	DUAL'S FIRST PERSONAL NAME				
INDIVI	DUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	.,				
7c. MAILING A	DDRÉSS	CITY		STATE POSTAL CODE	COUNTRY
_	TERAL CHANGE: Also check one of these four boxes: collateral:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
					•
	SECURED PARTY OF RECORD AUTHORIZING Amendment authorized by a DEBTOR, check here and	THIS AMENDMENT: F provide name of authorizing		(name of Assignor, if this is an Assi	gnment)
	NIZATION'S NAMEWells Fargo Bank, N.A., a		.g 5500		
0.0	_			1.22	
9b. INDIVI	DUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONA	L FILER REFERENCE DATA:030241484/MLS	LR Debtor:SAL	M VILLAGE ONE, L	LC	1550 12290

1. II 20	INITIAL FINANCING STATEMENT FILE NUMBER: Sam 00005250017 05/25/2000	e as item 1a on Amendment for	п			
2. N	NAME OF PARTY AUTHORIZING THIS AMENDMENT:	Same as item 9 on Amendment	form			
ŀ	12a. ORGANIZATION'S NAME Wells Fargo Bank, N.A., as Trustee **					
⇡	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
L	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	HE ABOVE SPACE IS FOR F	ILING OFFICE U	JSE ONLY
3. 1	Name of DEBTOR on related financing statement (Name one Debtor name (13a or 13b) (use exact, full name; do not omi	of a current Debtor of record re	equired for indexing purp of the Debtor's name);	oses only in some filing offices - s see Instructions if name does not	ee Instruction item	13): Provide o
_	13a. ORGANIZATION'S NAME Debtor = SALEM VII					
R	13b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
	or the Holders of CRF Affordable Housir ,	ig No. 2,LLC, Comm	nerciai Mortgag	e Pass-Through Cert	incates, ser	ies 2004
		ig No. 2,LLC, Comm	nerciai iMortgag	e Pass-Through Cert	ilicates, Sei	les 2004
5. T	This FINANCING STATEMENT AMENDMENT:	al ☑ is filed as a fixture filin	17-Roopert	al åstels. 2619 N	ORTH LA V	
5. T	This FINANCING STATEMENT AMENDMENT:	al ☑ is filed as a fixture filin	^g ROAD, MT	P ^I ADDRESS: 2619 N VERNON WASHING'	ORTH LA V TON 98273 ARCEL ACC	ENTURE
i. ī 	This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collaters Name and address of a RECORD OWNER of real estate describ	al ☑ is filed as a fixture filin	17 PROPERTY ROAD, MT ASSESSOF NUMBER: 3 SECTION 8	plastete ADDRESS: 2619 N VERNON WASHING	ORTH LA V TON 98273 ARCEL ACC 24136)	ENTURE COUNT