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## 201904010029 UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS 04/01/2019 09:46 AM Pages: 1 of 2 Fees: \$100.00 Skagit County Auditor A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 17956 - RED Lien Solutions 69166880 P.O. Box 29071 Glendale, CA 91209-9071 **WAWA FIXTURE** File with: Skagit, WA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a, INITIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 201008160146 8/16/2010 CC WA Skagit 4. 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME FRONTIER MANAGEMENT LLC OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 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) OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral: THE WEST 240.00 FEET OF LOTS 4 AND 5, BLOCK 136, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 11, RECORDS OF SKAGIT COUNTY, WASHINGTON. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME **FANNIE MAE**

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: FRONTIER MANAGEMENT LLC

FANNIE MAE

OR

69166880

9b. INDIVIDUAL'S SURNAME

SUFFIX

ADDITIONAL NAME(SYNITIAL(S)

270004725

| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for   | orm                        |                      |   |         |
|---|----------------------------|----------------------|---|---------|
| 201008160146 8/16/2010 CC WA Skagit   |                            |                      |   |         |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment   | ent form                   |                      |   |         |
| 12a. ORGANIZATION'S NAME FANNIE MAE   |                            |                      |   |         |
|   |                            |                      |   |         |
| OR 12b. INDIVIDUAL'S SURNAME  |                            |                      |   |         |
| FIRST PERSONAL NAME   |                            |                      |   |         |
| ADDITIONAL NAME(SYINITIAL(S)  | SUFFIX                     | THE ABOVE S          | PACE IS FOR FILING OFFICE US            | SE ONLY |
| Name of DEBTOR on related financing statement (Name of a current Debtor of record one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviated to the control of the cont |                            | purposes only in som | e filing offices - see Instruction iter |         |
| 13a. ORGANIZATION'S NAME<br>FRONTIER MANAGEMENT LLC   |                            |                      |   |         |
| OR 13b. INDIVIDUAL'S SURNAME FIRST  | FPERSONAL NAME             |                      | ADDITIONAL NAME(S)/INITIAL(S)           | SUFFIX  |
| Debtor Name and Address: FRONTIER MANAGEMENT LLC - 17400 SW UPPER BOONES FERRY Decured Party Name and Address: FANNIE MAE - C/O Red Mortgage Capital, LLC Two Miranova Place 12th FANNIE MAE - 3900 WISCONSIN AVENUE, N.W., WASHINGTON, DC  ) FANNIE MAE  15. This FINANCING STATEMENT AMENDMENT:   | n Floor, Columbus<br>20016 |                      | 97224                                   |         |
| covers timber to be cut covers as-extracted collateral is filed as a fixt  16. Name and address of a RECORD OWNER of real estate described in item 17  (if Debtor does not have a record interest):   | Parcel                     |                      |   |         |
|   |                            |                      |   |         |