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06/17/2019 01:19 PM Pages: 1 of 2 Fees: \$100.00 Skapit County Auditor

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (Optional)

B. EMAIL CONTACT AT FILER (Optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Jeremy M. McLean, Esquire

Troutman Sanders LLP

G. GEND NORMOWEEDOWENT TO: (Maine and Address)	
Y MAKY E :	
Jeremy M. McLean, Esquire	
Troutman Sanders LLP	
Post Office Box 1122	CHICAGO TITLE U20037939
Richmond, Virginia 23218	1020257939
, and the same of	1 0000
	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
Recorded June, 20	record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (form UCC3Ad) and provide Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is terminal Statement	ed with respect to the security interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (FULL): Provide name of Assignee in item 7a or 7b, and address of As For partial assignment, complete items 7 and 9 and also indicate affected collateral in it.	signee in item 7c and name of Assignor in item 9 20196617 6127
CONTINUATION: Effectiveness of the Financing Statement identified above with rest continued for the additional period provided by applicable law	ect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: AND Check one of these the control of these the control of the co	
_	
This Change affects Debtor or Description Secured Party of record Ethan 6a or 6b; and item 6	ddress: Complete ADD name: Complete item DELETE name: Give record name a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide	e only one name (6a or 6b)
6a. ORGANIZATION'S NAME	
O R 6h INDIVIDUAL'S SURNAME	
R 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(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)
7a. ORGANIZATION'S NAME	
o FEDERAL HOME LOAN MORTGAGE COR	PORATION
R 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS 8200 Jones Branch Drive	CITY STATE POSTAL CODE COUNTRY
	McLean VA 22102 USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD colls	teral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate Collateral:	
OF OUR PLANT	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDM	
If this is an Amendment authorized by a DEBTOR, check here and provide name of author 9a. ORGANIZATION'S NAME	zing Debtor
o WELLS FARGO BANK, NATIONAL ASSOCI	ATION
R 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Creekside (I ocal – Skagit County, WA) (Operators) Ito Ex	10.56.3

1.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A	mendment form			
\underline{T}					
2. 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 o	n Amendment form			
	WELLS FARGO BANK, NATIONAL ASS	OCIATION			
	,				
	12b. INDIVIDUAL'S SURNAME				
₹	FIRST PERSONN MALE				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		Ţ	THE ABO	VE SPACE IS FOR FILING OFFICE USE	ONLY
. N	lame of DEBTOR (on related financing statement (Name of a current Debtor of recone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate	ord required for indexing pur	poses only in	some filing offices – see Instruction Item 13):	Provide on
ŭ		any part of the Deptor's Han	ie), see ilisuu	CHOILS II HAITIE GOES HOT III	
	13a. ORGANIZATION'S NAME				
R	13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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