201910240043

FILED FOR RECORD AT THE REQUEST OF/RETURN TO: Craig E. Cammock Skagit Law Group, PLLC P. O. Box 336 / 227 Freeway Drive, Suite B Mount Vernon, WA 98273 10/24/2019 11:29 AM Pages: 1 of 2 Fees: \$104.50 Skagit County Auditor

Reference No.:

201910230087

Document Title:

UCC FINANCING STATEMENT

Grantor:

GALBRAITH TREE FARM, LLC BEAR CREEK TREE FARM, LLC

Grantee:

U. S. BANK NATIONAL ASSOCIATION,

as custodian/trustee for Federal Agricultural Mortgage

Corporation programs

Additional Grantor(s) on page(s) Additional Grantee(s) on page(s)

Abbreviated Legals:

W ½ NW ¼ NE ¼; SW ¼ NE ¼, S14-T36N-R8E, W.M.

SW 1/4, S11-T36N-R8E, W.M.

Additional Legal on page(s)

Assessor's Tax Parcel Nos.:

P51496 / 360814-1-003-0009 P51447 / 360811-3-001-0000

UCC FINANCING STATEMENT AMENDIFOLLOW INSTRUCTIONS	MENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Craig E. Cammock 360-336-1000	Date of Filing: 10/24/2019				
B. E-MAIL CONTACT AT FILER (optional) craig@skagitlaw.com		Time of Filing: 09:14:00 AM File Number : 2019-297-4557-1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Lapse Date :	09/20/2023		
Skagit Law Group, PLLC P O Box 336 Mount Vernon WA USA 98273					
L		THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018-263-4981-0		1	FATEMENT AME	NDMENT is to be filed [
2. TERMINATION: Effectiveness of the Financing Statement ident	ified above is terminated v	Filer. attach Amendme	ent Addendum (For	m UCC3Ad) and provide De	
Statement	inica above is terminated t	The respect to the security			
 ASSIGNMENT (full or partial): Provide name of Assignee in iter For partial assignment, complete items 7 and 9 and also indicate 			ame of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) of	of Secured Party	authorizing this Continu	ation Statement is
Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information. Ga. ORGANIZATION'S NAME Galbraith Tree Farm, LLC	Check one of these three by CHANGE name and/or a item 6a or 6b; and item attion Change - provide only	ddress: Complete 7a or 7b <u>and</u> item 7c 7a	D name: Comple or 7b, <u>and</u> item 76	te item DELETE nam c to be deleted	e: Give record name in item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P: 7a. ORGANIZATION'S NAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P: 7a. ORGANIZATION'S NAME	arty Information Change - provide	only <u>one</u> name (7a or 7b) (use exac	t, full name; do not on	nit, modify, or abbreviate any pa	rt of the Debtor's name)
Bear Creek Tree Farm, LLC OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS 103 N. Township Street	Sedro-W	oolley	STATE WA	POSTAL CODE 98284	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME	THIS AMENDMENT: F		9b) (name of Ass	signor, if this is an Assign	ment)
U. S. Bank National Association, as Custo					
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX