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Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1731 22112 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201606130117 06/13/2016 (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 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 DELETE name: Give record nar to be deleted in item 6a or 6b ADD name: Complete item 7a or 7b, and item 7c 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 OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX F Thomas Lambert 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 OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(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 ASSIGN collateral Perfection: Purchase Money Security Interest - in fixture. Complete 9.8kW solar system including 35 ITEK 280-Watt solar modules, 2 solectria inverters, 1 iron ridge racking and all equipment and components Installed at; 5474 Park Ridge Place, Sedro Woolley, WA 98284 Parcel P113257 Situs 5474 PARK RIDGE PLACE 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 Generations Credit Union OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 10. OPTIONAL FILER REFERENCE DATA: Debtor: Lambert, Thomas F 1731 22112

	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A D1606130117 06/13/2016	Amendment form				
2. I	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment for	n			
	12a. ORGANIZATION'S NAME Generations Credit Union					
DR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SU	FFIX			
	N. (DEDTOR 11.15)				SPACE IS FOR FILING OFFICE	
	Name of DEBTOR on related financing statement (Name of a current Del one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abb					13): Provide
	13a. ORGANIZATION'S NAME					
DR	13b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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