## 201912060022

12/06/2019 10:13 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS		•			
A, NAME & PHONE OF CONTACT AT FILER (optional) SARAH GAMBLE					•
B. E-MAIL CONTACT AT FILER (optional)	1,			•	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	.,				
NORTH COAST CREDIT UNION 1100 DUPONT ST					
BELLINGHAM WA 98225	•			:	
			•		
	·	<u> </u>		FILING OFFICE USE	
1a, INITIAL FINANCING STATEMENT FILE NUMBER 201809200063		(or recorded) in th	e REAL ESTATE R	IDMENT is to be filed [for ECORDS UCC3Ad) and provide Debto	
2. TERMINATION: Effectiveness of the Financing Statement identified about the Statement identified about the Financing	ove is terminated w	vith respect to the securit	y interest(s) of Secu	red Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected.	7b, <u>and</u> address of collateral in item 8	Assignee in item 7c and	name of Assignor i	item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law			) of Secured Party a	uthorizing this Continuation	on Statement is
Cheek are of those two hoves:	ne of these three bo			·	
This Change affects Debtor or Secured Party of record item	NGE name and/or a 6a or 6b; and item 7	iddress: Complete 7a or 7b and item 7c	ADD name: Complete 7a or 7b, <u>and</u> item 7c	to be deleted in i	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha					
6a. ORGANIZATION'S NAME			•		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		AL NAME(S)/INITIAL(S)	SUFFIX
				AID	
EATON	CRAIG		DON		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform Ta. ORGANIZATION'S NAME		only <u>one</u> name (7a or 7b) (use ex			of the Debtor's name)
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  -INDIVIDUAL'S ADDITIONAL-NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: All indicate collateral:  9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS if this is an Amendment authorized by a DEBTOR, check here and provide ga. ORGANIZATION'S NAME	CITY  DD collateral	DELETE collateral	STATE	POSTAL CODE  vered collateral	SUFFIX COUNTRY ASSIGN collateral
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