

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS


20200430006804/30/2020 11:22 AM Pages: 1 of 1 Fees: \$103.50
Skagit County Auditor**A. NAME & PHONE OF CONTACT AT FILER (optional)****Anna Parsons 800-258-3115 x 5225****B. E-MAIL CONTACT AT FILER (optional)****LoanSupportServices@TwinstarCU.com****C. SEND ACKNOWLEDGMENT TO: (Name and Address)****TwinStar Credit Union
PO Box 718
Olympia WA 98507**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER**201908060051****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**2.** ☒ **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 Assignor 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:**Check one of these two boxes:This Change affects ☐ Debtor or ☐ Secured Party of recordAND Check one of these three boxes to:☐ 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**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****WALLIN****FIRST PERSONAL NAME****VIRGINIA****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****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

Indicate collateral:

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****TWINSTAR CREDIT UNION****OR 9b. INDIVIDUAL'S SURNAME****FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****10. OPTIONAL FILER REFERENCE DATA:**