## 202008120087

08/12/2020 01:34 PM Pages: 1 of 2 Fees: \$104.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDM	IENT				
FOLLOW INSTRUCTIONS		1			
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)					
1957 82823					
csc	ı				
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	d In: Washington				
	(Skagit)	THE ABOV	E SPACE IS FOR FILIN	IC OFFICE USE C	MI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202005120036 05/12/2020		b. This FINANCING :	STATEMENT AMENDMEN e REAL ESTATE RECORI	T is to be filed [for r	ecord]
			ment Addendum (Form UCC3		
TERMINATION: Effectiveness of the Financing Statement identifies Statement	ed above is terminated w	ith respect to the security	/ Interest(s) of Secured Pa	irty authorizing this	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affective.			name of Assignor in item	9	
4. CONTINUATION: Effectiveness of the Financing Statement identicontinued for the additional period provided by applicable law	ified above with respect	to the security interest(s)	of Secured Party authoriz	ing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:  AND Check	eck <u>one</u> of these three bo CHANGE name and/or a		DD name: Complete item	DELETE name: (	live record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7	a or 7b <u>and</u> item 7c	DD name: Complete item a or 7b, <u>and</u> item 7c	to be deleted in its	
CURRENT RECORD INFORMATION: Complete for Party Information     Ga. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)			
da. ONGANIZATIONG NAIVIE					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
OR 6b. INDIVIDUAL'S SURNAME Seese	FIRST PERSON Larry	AL NAME	ADDITIONAL NAI	ME(S)/INITIAL(S)	SUFFIX
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. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a 202005120036 05/12/2020  . NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 12a. ORGANIZATION'S NAME COmmunity 1st Credit Union			
12a. ORGANIZATION'S NAME	on Amendment form		
	m 9 on Amendment form		
Community 1st Credit Official			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
		HE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
. Name of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a			13): Provide or
13a. ORGANIZATION'S NAME			
R 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		al estate: Purchase Money Security Interest	

18. MISCELLANEOUS: