## 202011230024

11/23/2020 09:42 AM Pages: 1 of 2 Fees: \$104.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT	- AM
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UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	Т		
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)			
2021 15747 CSC	7		
801 Adlai Stevenson Drive	Vashington		
	(Skagit)		
1a. INITIAL FINANCING STATEMENT FILE NUMBER		VE SPACE IS FOR FILING OFFIC	
202008030139 08/03/2020	(or recorded) in	G STATEMENT AMENDMENT is to be the REAL ESTATE RECORDS adment Addendum (Form UCC3Ad) <u>and</u> pro	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated with respect to the secur	rity interest(s) of Secured Party author	rizing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected complete.		nd name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab- continued for the additional period provided by applicable law	pove with respect to the security interest(	(s) of Secured Party authorizing this C	ontinuation Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes:  AND Check one	of these three boxes to:		
— — — CHAN	IGE name and/or address: Complete a or 6b; and item 7a or 7b and item 7c	ADD name: Complete item DELET	FE name: Give record name deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan	ge - provide only <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INIT	TIAL(S) SUFFIX
Shiflett	Erin	F	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	ion Change - provide only one name (7a or 7b) (use	exact, full name: do not omit, modify, or abbreviat	e any part of the Debtor's name)
7a. ORGANIZATION'S NAME	g- py <u></u>	,,, ,, ,	
OR THE PROPERTY OF THE PROPERT			
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
	Delete collateral Delete collateral	RESTATE covered collateral	ASSIGN collateral
Perfection: PMSI In Fixture. All Solar equipment inclu	ding but not limited to the	complete Solar system a	nd all of its
components installed at 1211 C Ave Anacortes, WA 9			
C Ave, Anacortes, WA 98221 Abb Legal Desc: Lots 1	1 and 12, Block 204, "MAF	P OF THE CITY OF ANA	CORTES,
SKAGIT COUNTY, WASHINGTON," as per plat reco		page 4, records of Skagi	it County,
Washington. Map Coord: 35N-01E-24-NW;01E-35N-2	24-NW		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here and provide or		a or 9b) (name of Assignor, if this is an	Assignment)
	name of authorizing Debtor		
9a. ORGANIZATION'S NAME Community 1st Credit Union	name of authorizing Debtor		
OR 9b. INDIVIDUAL'S SURNAME	name of authorizing Debtor	ADDITIONAL NAME(S)/INIT	TIAL(S)   SUFFIX
	-	ADDITIONAL NAME(S)INIT	TIAL(S) SUFFIX

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

1. I	LOW INSTRUCTIONS  NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on An	nendment form				
	02008030139 08/03/2020					
12. r ]	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or 12a. ORGANIZATION'S NAME	Amendment form				
	Community 1st Credit Union					
OR	12b. INDIVIDUAL'S SURNAME					
ŀ	FIRST PERSONAL NAME					
-	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
	, BB THE VIEW MELECY		THE	ABOVE SI	PACE IS FOR FILING OFFICE	USE ONLY
	Name of DEBTOR on related financing statement (Name of a current Debto one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbre					13): Provide o
[	13a. ORGANIZATION'S NAME					
DR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	Δ	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX