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01/26/2021 02:49 PM Pages: 1 of 3 Fees: \$105.50
Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8347 -	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	78683648 WAWA FIXTURE

File with: Skagit, WA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 200508160025 8/16/2005 CC WA Skagit	1b. <input checked="" type="checkbox"/> 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
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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:

AND Check one of these three boxes to:

This Change affects Debtor or Secured Party of record

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 Sea-Mar Community Health Center				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	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
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

APN: 340416-3-009-0300, 340416-03-009-0706

Abbreviated Legal Description: Lot 2, CITY OF MOUNT VERNON SHORT PLAT NO. MV-6-91

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 Wells Fargo Bank, National Association				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Sea-Mar Community Health Center
78683648 6993512769

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
200508160025 8/16/2005 CC WA Skagit

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME Wells Fargo Bank, National Association	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME Sea-Mar Community Health Center				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:
Sea-Mar Community Health Center - 1040 S. Henderson , Seattle, WA 98108

Secured Party Name and Address:
Wells Fargo Bank, National Association - 999 Third Avenue, 11th Floor , Seattle, WA 98104

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate:

See attached

Parcel ID:
340416-3-009-0300, 340416-03-009-0706

18. MISCELLANEOUS: 78683648-WA-57 8347 - WFB-WHOLESALE LOAN-D Wells Fargo Bank, National Association File with: Skagit, WA 6993512769

LEGAL DESCRIPTION
(Order No. IC35098)

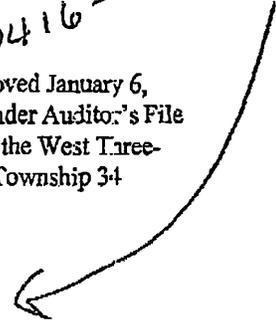
*Parcel 10 is
340416-3-009-0300
340416-3-009-0006*

PARCEL A:

Tract B, CITY OF MOUNT VERNON SHORT PLAT NO. MV 2-86, approved January 6, 1986, and recorded January 6, 1986, in Volume 7 of Short Plats, page 64, under Auditor's File No. 8601060030, records of Skagit County, Washington; being a portion of the West Three-Quarters of the Northwest Quarter of the Southwest Quarter of Section 16, Township 34 North, Range 4 East of the Willamette Meridian.
Situating in Skagit County, Washington.

PARCEL B:

Lot 2, CITY OF MOUNT VERNON SHORT PLAT NO. MV-6-91, approved April 16, 1991, and recorded January 5, 1994, in Volume 11 of Short Plats, pages 38 and 39, under Auditor's File No. 9401050078, records of Skagit County, Washington; being a portion of the West Three-Fourths of the Northwest Quarter of the Southwest Quarter of Section 16, Township 34 North, Range 4 East of the Willamette Meridian.
Situating in Skagit County, Washington.



UNRECORDED
PENDING
DOCUMENT