202110010004

10/01/2021 08:32 AM Pages: 1 of 2 Fees: \$204.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT	Γ			
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)		1		
2192 34090				
CSC 801 Adlai Stevenson Drive Springfield, IL 62703				
Filed In: W	(Skagit)			
1a. INITIAL FINANCING STATEMENT FILE NUMBER			CE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [for	
201506150049 06/15/2015		(or recorded) in the REAL		-
 TERMINATION: Effectiveness of the Financing Statement identified above Statement 	is terminated w	vith respect to the security interes	st(s) of Secured Party authorizing th	is Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected co			f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ve with respect	to the security interest(s) of Sec	ured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	E name and/or a	ddress: CompleteADD nan	ne: Complete itemDELETE name	: Give record name
			and item 7c to be deleted in	n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chang 6a. ORGANIZATION'S NAMEVELASCO FAMILY CORP.	e - provide only g	one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide r	only one name (7a or 7b) (use exact, full na	Ime; do not omit, modify, or abbreviate any par	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 F	RESTATE covered collateral	ASSIGN collateral
All Fixtures located at 900-902 State Route 20, Sedro records of Skagit County; whether any of the foregoing replacements, and substitutions relating to any of the f	Woolley, V g is owned foregoing;	VA 98284. Tax Parce now or acquired late all records of any kind	Number 35042300360 r; all accessions, addition d relating to any of the f	0105 in ons, oregoing
182 FT TH S 238FT. THAT PORTION OF THE SOUT				
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide no 9a. ORGANIZATION'S NAME Heritage Bank 	IENDMENT: Pame of authorizin		name of Assignor, if this is an Assignm	nent)
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			200 511 111 11 2 2 3	
10. OPTIONAL FILER REFERENCE DATA: Debtor: VELASCO FAM	AILY COR	P 260760139 VELA	SCO FAMILY CORP.	2192 3409

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

20	NITIAL FINANCING STATEMENT FILE NUMBER: Same as it 01506150049 06/15/2015	em 1a on Amendment form			
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendment form			
	12a. ORGANIZATION'S NAME				
	Heritage Bank				
)R	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
				SPACE IS FOR FILING OFFICE U	
	Name of DEBTOR on related financing statement (Name of a c one Debtor name (13a or 13b) (use exact, full name; do not omit, mod				13): Provide o
	13a. ORGANIZATION'S NAME				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
6. 1 SE	This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral lame and address of a RECORD OWNER of real estate described in if Debtor does not have a record interest): DRO STORAGE LLC W STATE ROUTE 20 DRO WOOLLEY, WA 98284	is filed as a fixture filing	on of real estate:		