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11/29/2021 10:03 AM Pages: 1 of 1 Fees: \$203.50 Skapit County Auditor

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Sarah Gamble B. E-MAIL CONTACT AT FILER (optional) sgamble@northcoastcu.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) NORTH COAST CREDIT UNION 1100 DUPONT ST **BELLINGHAM, WA 98225** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 201604110028 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 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: AND Check one of these three boxes to Check one of these two boxes: 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 This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) OR 6b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME KENNETH **JAMES** LEAMON 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 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) TPOSTAL CODE COUNTRY CITY STATE 7c. MAILING ADDRESS RESTATE covered collateral ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE 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 NORTH COAST CREDIT UNION SUFFIX ADDITIONAL NAME(S)/INITIAL(S) OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: