



UCC FINANCING STATEMENT AMENDMENT
State Form 50182 (R3 / 9-19)

202208160054

08/16/2022 01:18 PM Pages: 1 of 1 Fees: \$203.50
Skagit County Auditor, WA

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
reRequire Real Estate Solutions, LLC 5029 Corporate Woods Drive, Suite 225, Virginia Beach, VA 23462

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.

1a. INITIAL FINANCING STATEMENT FILE NUMBER
202207290040

1b. 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.

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: Debtor or Secured Party of record **AND** Check one of these three boxes to:
 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

OR

6b. INDIVIDUAL'S SURNAME BOOSTRA	FIRST PERSONAL NAME TIMOTHY	ADDITIONAL NAME(S)/INITIAL(S) A.	SUFFIX
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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 BOONSTRA	INDIVIDUAL'S FIRST PERSONAL NAME TIMOTHY	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) A.	SUFFIX
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7c. MAILING ADDRESS 511 N BAKER ST	CITY MOUNT VERNON	STATE WA	POSTAL CODE 98273	COUNTRY USA
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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:

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
Puget Sound Cooperative Credit Union

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:
3564550