## 202211090016

11/09/2022 09:31 AM Pages: 1 of 2 Fees: \$204.50

Skagit County Auditor, WA

OLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER  ANNIE HA (360) 956-9500	(optional)		1			
B E-MAIL CONTACT AT FILER (optional)			1			
C. SEND ACKNOWLEDGMENT TO (Name	and Address)		1			
UNISEARCH, INC WA 1780 BARNES BLVD SW TUMWATER, WA 98512						
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TERMINATION Effectiveness of the Final Statement	ncing Statement Identified and	ove is terminated w	in respect to the secul	rity interest(s) of Secure	ed Party authorizing thi	s Termination
ASSIGNMENT (full or partial) Provide na For partial assignment, complete items 7 and				nd name of Assignor in	item 9	
CONTINUATION: Effectiveness of the Fire	nancing Statement identified a			(s) of Secured Party au	thorizing this Continuat	ion Statement
continued for the additional period provided	by applicable law					
PARTY INFORMATION CHANGE	AND Chack or	ne of these three bo	aves to			
Check one of these two boxes						
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11 I	NITIAL FINANCING STATEMENT FILE NUMBER	R: Same as item 1a on Amen	dment form			
	1712120025					
_	AME OF PARTY AUTHORIZING THIS AMENDM	ENT: Same as item 9 on An	nendment form			
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	ame of DEBTOR on related financing statement one Debtor name (13a or 13b) (use exact, full name, do n					13) Provide or
_	13a ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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18 MISCELLANEOUS