202212020056

12/02/2022 11:21 AM Pages: 1 of 2 Fees: \$204.50 Skagit County Auditor, WA

FOLLOW INSTRUCTIONS CAULIIP Price A NAME & PHOLIP OF CONTACT AT FILER (optional) CAULIIP Price Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 For Indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS SOR FOR FILING OFFICE USE ONLY 19. INTIAL FINANCING STATEMENT FILE NUMBER 200806250087 10. In Price Read Corporation THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. In PRINAIN PRIVATION: Effectiveness of the Financing Statement distributed above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement is from 13 ASSIGNMENT (full or pential): Provide name of Assigner in item 7 or 72, agg address of Assigner in item 7 agg name of Assigner in item 9 For Landia assignment, complete from 7 and 9 agg also invited affected collidaria in item 8 For Landia assignment assignment of Assignment above with respect to the security interest(s) of Secured Party authorizing this Complete item 7 and 9 agg also invited affected collidaria in item 8 For Landia assignment assignment assignment and approved above with respect to the security interest(s) of Secured Party authorizing this Complete item 7 and 9 agg also invited affected collidaria in item 8 For Landia assignment assignment assignment and a secure and a security interest(s) of Secured Party authorizing this Complete item 7 and 9 agg also invited affected collidaria in item 8 For Landia assignment assignment assignment and a secure and a secure party authorizing the Continuation Statement is continued for the authorizance provided by agglication appeal and the Continuation Statement is continued for the authorizance provided by agglication appeal and the Continuation Statement is continued for the authorizance provided in the 8 LOCAL ASSIGNMENT (ALI)				
FOLLOW INSTRUCTIONS A NAME & PHOLOE OF CONTACT AT FILER (optional) Caulin Price B. EMAIL CONTACT AT FILER (optional) Caulin Price S. EMAIL CONTACT AT FILER (optional) Caulin Price Contact Contact Caulin Price Caulin Caul				
A NAME & PHONE OF CONTACT AT FILER (optional) Caullin price B. E-MAIL CONTACT AT FILER (optional) Caullin price Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 For indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS FOR FILING PFICE USE ONLY This PRINCING STATEMENT FILE NUMBER 10	UCC FINANCING STATEMENT AMENDMENT			
C. SEND ACKNOWLEGGMENT TO: (Name and Address) Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 For indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. INITIAL FINANCING STATEMENT FILE NUMBER 2008806250087 10. This Financing Statement File Number 2. FERNINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interests; 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 8 5. PARTY INFORMATION CHARGE Chick agg of these two boxes CHARGE and an address of Assignee in item 7a or 7b, and address of Assignee in item 7a or 7b, and address of Assignee in item 7a or 7b, and address of Assignee in item 7a or 7b, and address of 7b,	A. NAME & PHONE OF CONTACT AT FILER (optional) Caulin Price			
Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 The Association of the Final Conference of the Stoel Rives Revised Stoel For Rev	B. E-MAIL CONTACT AT FILER (optional)			
Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205 Stoel Rives LLP 760 SW Ninth Avenue, Suite 3000 Portland, OR 97205				
Portland, OR 97205 For indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The FINANCING STATEMENT FILE NUMBER 1b. Improved in the REAL ESTATE RECORDS The FINANCING Absolute To to be filed [for recorded or record (or recorded) in the REAL ESTATE RECORDS The FINANCING Absolute To the Security interest(s) of Secured Perty authorizing this Termination Statement. 3	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_		
Portland, OR 97205 For indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The FINANCING STATEMENT FILE NUMBER 1b. Improved in the REAL ESTATE RECORDS The FINANCING Absolute To to be filed [for recorded or record (or recorded) in the REAL ESTATE RECORDS The FINANCING Absolute To the Security interest(s) of Secured Perty authorizing this Termination Statement. 3	Stoel Rives LLP			
Portland, OR 97205				
For Indexing purposes, Debtor is: Green Crow Corporation THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. INTIAL FINANCING STATEMENT FILE NUMBER 200806250087 11. IT HE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. In the RALL ESTATE RECORDS File states Amendment Addendum Form UcCSAdi) and provide Debtor's name in fem 13 2. IT TERMINISTION: 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 edities of Assignee in item 7a and 9 and is on indicate affected collateral in item 8 For partial assignment, complete items 7 and 9 and is on indicate affected collateral in item 8 6. 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 For partial assignment, complete items 7 and 9 and is on indicate affected collateral in item 8 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 AND Check sone of these two boxes to: Change affects				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT AMENOMENT is to be filed for record (or recorded) 200806250087 1b. Image: Instance of the International Complete for Party Information Change – provide only gag name (% or %b) gag	,	For indexing pu	rposes, Debtor is:	
10. INITIAL FINANCING STATEMENT FILE NUMBER 200806250087 The FINANCING STATEMENT AMENOMENT to be filed [for record or recorded) in the REAL ESTATE RECORDS Filer attack Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 ASSIGNMENT (full or perials): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7a or 7b, and assignee in item 7a or 7b, and 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 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement. 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 pendog provided by applicable law 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 security interest (s) of Secured Party authorizing this Continuation Statement is continued for the security interest (s) of Secured Party authorizing this Continuation Statement is continued for the Secured Party Information Change of these three boxes to: CHANGE name and/or address: ADD name: Complete item DELETE name: Give record name of the second				
in the REAL ESTATE RECORDS Filer attack Amendment Addredum Form UCC3Ad) and provide Debtor's name in item 13 2.	19 INITIAL CINANCING STATEMENT OF CHILDRED			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 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 three boxes AND Check one of these three boxes to: Check one of these three boxes AND Check one of these three boxes to: This Change affects Debtor or Secured Party of Record Item 8a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 8a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one name (8a or 6b) 6. 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) 7. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	200806250087	in the REAL ESTATE RE	ECORDS .	,
For partial assignment, complete items 7 and 9 and also indicate effected 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: CHANGE name and/or address: Complete This change affects DELETE name: Give record name This change affects DELETE name: Give record name This change affects To or 7b, and item 7c To or 7b, and item 7c To or 7b, and item 7c To be deleted in item 8a or 8b To or 7b, and item 7c ADD name: Complete item DELETE name: Give record name To or 7b, and item 7c To or 7b, and item 7c To be deleted in item 8a or 8b To or 7b, and item 7c ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO 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) This information S name INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) To MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGN collateral ASSIGN collateral	2. TERMINATION: Effectiveness of the Financing Statement identified above is termin	ated with respect to the security interest(s)	of Secured Party authorizing this Termination	n Statement.
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 pened provided by applicable law 5. PARTY IMPORMATION CHANGE: Check one of these two boxes This Change affects Debtor or Secured Party of Record Important Complete term			gnor in item 9	
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 Item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 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, modity, or abbreviate any part of the Debtor's name) 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, modity, or abbreviate any part of the Debtor's name) 7. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	4. CONTINUATION: Effectiveness of the Financing Statement identified above with re		Party authorizing this Continuation Statemer	nt is continued for
This Change affects Debtor of Secured Party of Record Item 8a of 8b; and item 7a or 7b and item 7c To or 7b, and item 7c to be deleted in item 8a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (8a or 8b) 6a. ORGANIZATION'S NAME 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) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral				
This Change affects Debtor or Secured Party of Record Item 8a or 8b; and item 7c 7a or 7b, and item 7c to be deleted in item 8a or 8b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change – provide only one name (8a or 8b) 6a. ORGANIZATION'S NAME 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, modity, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. Mailling ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral				
6a. ORGANIZATION'S NAME 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 gag 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 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check gag of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	This Change affects Debtor or Secured Party of Record Item 6a or 6b; and	item 7a or 7b <u>and</u> item 7c 🔃 7a or 7b,		
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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral		de only <u>one</u> name (6a or 6b)		
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) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	OR 6b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral				
OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral		e – provide only <u>one</u> name (7a or 7b) (use exact, full	I name; do not omit, modify, or abbreviate any part o	f the Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	/a. ORGANIZATION'S NAME			
INDIMIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	OR 7b. INDIVIDUAL'S SURNAME			
INDIMIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral				
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	INDIVIDUAL'S FIRST PERSONAL NAME			
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
TOOLET TENTE OF INTOC. NEW WILE OF INTOCHASE TO A BOOK STATE OF INTOCHASE	7c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
TOOLET TENTE OF INTOC. NEW WILE OF INTOCHASE TO A BOOK STATE OF INTOCHASE				
Indicate collateral:	8. COLLATERAL CHANGE: Also check one of these four boxes: ADD colla	teral DELETE collateral	RESTATE covered collateral ASS	SIGN 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)	9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide on	y <u>one</u> name (9a or 9b) (name of Assignor, if	Tthis is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR 9a. ORGANIZATION'S NAME		uthorizing DEBTOR		
Metropolitan Life Insurance Company				
	•	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	10. OPTIONAL FILER REFERENCE DATA: 198346, 199538 and 199539/SR 53564-00394			

404 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (Rev. 06/13)

	LOWINSTRUCTIONS	ADDENDO	IVI
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 10806250087	Amendment form	7
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 of	on Amendment form	7
	128. ORGANIZATION'S NAME Metropolitan Life Insurance Company		
			1
OR	12b. INDIVIDUAL'S SURNAME		-
	FIRST PERSONAL NAME		-
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_
	AGO TOTAL TABLES MITTALLY	3511 18	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	Name of DEBTOR on related financing statement (Name of a current Deb one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbr		dexing purposes only in some filing offices - see Instruction item 13): Provide only r's name); see Instructions if name does not fit
	13a. ORGANIZATION'S NAME Green Crow Corporation		
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
15.	This FINANCING STATEMENT AMENDMENT:	17. Descri	iption of real estate:
16.		as a fixture filing	