12/09/2022 08:40 AM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name; Wolters Kluwer Lien Solutions Phone: 800-3	331-3282 Fax: 818-662-4141	1		
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	20289 - 1ST CAPITAL	1		
Lien Solutions	90302987			
P.O. Box 29071 Glendale, CA 91209-9071	WAWA			
	FIXTURE I			
File with: Skagit, WA			CE IS FOR FILING OFFICE U	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201803090014 3/9/2018 CC WA Skagit	1	b. This FINANCING STATE (or recorded) in the REAL Filer: attach Amendment Add	MENT AMENDMENT is to be filed [LESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Deb	for record] itor's name in item 13
TERMINATION: Effectiveness of the Financing Statemen Statement	nt identified above is terminated with r			
ASSIGNMENT (full or partial): Provide name of Assignee		ignee in item 7c <u>and</u> name of A	ssignor in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also			I Dode and benjament his Continue tion	Otatam and in
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable		e security interest(s) or Secured	Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes:	AND Check one of these three boxe	s to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or addition term 6a or 6b; and item 7a	dress: Complete or 7b <u>and</u> item 7c	ne: Complete item DELETE name and item 7c to be deleted i	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change - provide only <u>one</u> r	name (6a or 6b)		
FRONTIER MARKET SOLUTIONS, LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment	t or Party Information Change - provide only on	e 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 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				_
INDIVIDUAL OF THE CONTROL OF THE CON				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these for	ur hoves: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Indicate collateral:	an solido. El Abb donatolar	_ SEEE TE CONGRETAR	LEST, The control conditional	, .coron condicto
APN: P105725 Abbreviated Legal Description:Lot 26, "PLAT OF CE	DAR RIDGE ESTATES DIV. I	NO. 1," as per plat recorde	ed in Volume 15 of Plats page	es 147 through
152 inclusive, records of Skagit County, Washington	n. TOGETHER WITH a non-ex	clusive 40 foot access an	d utilities easement from Est	ate Drive ove

), 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							
	98. ORGANIZATION'S NAME 1ST CAPITAL BANK						
SR	96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)(NITIAL(S)	SUFFIX			
	A ARTIONAL PURP RESERVOS BATA						

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: FRONTIER MARKET SOLUTIONS, LLC 90302987 2019

285258001 & 285258002

Prenared by Lien Solutions, P.O. Box 29071

Prepared by Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-32(



201803090014 3/9/2018 CC WA Skagit 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form I2a. ORGANIZATION'S NAME 1ST CAPITAL BANK 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a ORGANIZATION'S NAME FRONTIER MARKET SOLUTIONS, LLC 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: FRONTIER MARKET SOLUTIONS, LLC - 21169 Estate Drive, Mount Vernon, WA 98274 Secured Party Name and Address: 1ST CAPITAL BANK - 1093 South Main Street, Suite 210, Salinas, CA 93901 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD CWNER of real estate described in item 17 Lot 26, "PLAT OF CEDAR RIDGE ESTATES DIV. NO. 1," as per plat recorded in Volume 15 (if Debtor does not have a record interest) Sean M. Brownlee and Genevieve M. Brownlee of Plats pages 147 through 152 inclusive, P.O. Box 2081 records of Skagit County, Washington. Monterey, CA 93942 TOGETHER WITH a non-exclusive 40 foot access and utilities easement from Estate Drive over and across Lot 27 as delineated on the face of the Plat. [See Exhibit for Real Estate]

2019 285258001 & 285258002

18. MISCELLANEOUS: 90302987-WA-57 20289 - 1ST CAPITAL BANK

1ST CAPITAL BANK

File with: Skagit, WA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

FOLLOW INSTRUCTIONS

Debtor: FRONTIER MARKET SOLUTIONS, LLC

Exhibit for Real Estate

17. Description of real estate: Continued

Situate in the County of Skagit, State of Washington.

Parcel ID: P105725

