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01/20/2023 10:22 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

FOLLOW INSTRUCTIONS	STATEMENT AMEN	DINEN	'	7			
	ONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT F							
_	MENT TO: (Name and Address)		_				
	state Solutions, LLC Woods Drive, Suite 225 VA 23462		I				
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a. INITIAL FINANCING STATE	MENT FILE NUMBER					FOR FILING OFFICE USE	
201802130019	EMENT FILE NUMBER			(or recorded) in	n the REAL ESTAT		_
TERMINATION: Effe	ctiveness of the Financing Statement i	identified abov	e is terminated v				
. ASSIGNMENT (full o	r partial): Provide name of Assignee i complete items 7 and 9 <u>and</u> also indic				and name of Assig	nor in item 9	
CONTINUATION: E	ffectiveness of the Financing Statemer	nt identified ab	ove with respect	to the security interes	st(s) of Secured Pa	arty authorizing this Continuati	on Statement
PARTY INFORMATION							
Check one of these two boxe	•	ND Check one					
OTHER OF BIRESE IND DOXE	is:		of these three be		ADD name: Con	nnlete item DELETE name:	Give record no
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International Association of Commercial Administrators (IACA)
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