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Skagit County Auditor, WA

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	O FINANCINO OTATEMENT ARACI	NERGEN	-					
	C FINANCING STATEMENT AME	NDMEN	ı					
FOL	LOWINSTRUCTIONS			_				
(A. I	NAME & PHONE OF CONTACT AT FILER (optional)			1				
	Loan Servicing							
В. І	E-MAIL CONTACT AT FILER (optional)			1				
	oanservicing@craft3.org							
	SEND ACKNOWLEDGMENT TO: (Name and Address)			-				
J	SEND ACTINO VICED SMENT TO. (Name and Address)	1						
lſ	Craft3							
1'	P.O. Box 530233							
	Atlanta, Georgia 30353-0233							
	Attunut, Georgia 30355-0235							
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l l	_			THE ABOVE ODA	OF 10 FOR FILING OFFICE USE C	AII V		
<u> </u>					CE IS FOR FILING OFFICE USE C			
	NITIAL FINANCING STATEMENT FILE NUMBER			(or recorded) in the REAL	MENT AMENDMENT is to be filed [for r	ecoral		
_20	2110150045				lendum (Form UCC3Ad) <u>and</u> provide Debtor	's name in item 13		
2.	TERMINATION: Effectiveness of the Financing Statemen	t identified abov	e is terminated i	with respect to the security interes	st(s) of Secured Party authorizing this	Termination .		
	Statement							
3.	3 ASSIGNMENT (full or portion): Provide name of Assignments for 72 and address to Assignments for the Assignment of Assignment of Assignments for the Assignment of Assignment of Assignments for the Assignment of Assignments for the Assignment of Assi							
∟	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. ∟	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							
	continued for the additional period provided by applicable is	344						
5.	PARTY INFORMATION CHANGE:							
С	heck one of these two boxes:	AND Check one						
	his Change affects Debtor or Secured Party of record	CHAN-	GE name and/or a	address: Complete 7a or 7b <u>and</u> item 7c	ne: Complete item DELETE name: C and item 7c To be deleted in ite	Sive record name		
	CURRENT RECORD INFORMATION: Complete for Party I							
0. (8a. ORGANIZATION'S NAME	morniation chang	je - provide dilly	one name (oa or oo)				
	ou. Chornes Hone Haine							
OR					1	T		
	6b. INDIVIDUAL'S SURNAME		FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
7. 0	HANGED OR ADDED INFORMATION: Complete for Assignm	ent or Party Informati	on Change - provide	only one name (7a or 7b) (use exact, full na	me; 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)					SUFFIX		
7c.	MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY		
_						1		
8.	COLLATERAL CHANGE: Also check one of these four b	oxes: ADE	collateral	DELETE collateral	ESTATE covered collateral A	SSIGN collateral		
Indicate collateral:								
Q N	IAME OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AL	/ENDMENT:	Provide only one name (On or Oh) (n	name of Assignar if this is an Assignmen	4)		
	this is an Amendment authorized by a DEBTOR, check here		ame of authorizi		ianie di Assignor, il mis is an Assignmen	i)		
"	9a. ORGANIZATION'S NAME	and provide it	o. admonzi					
Craft3								
OR			I FIDOT SET : :	(A) A)AAAF	LABOUTIONAL MARKETON TO THE STATE OF THE STA	Louisen		
	9b. INDIVIDUAL'S SURNAME		FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		

10. OPTIONAL FILER REFERENCE DATA:

DEBTOR: Simpson, Janis , Ln#SP-24777

UCC-3

18. MISCELLANEOUS:

SPACE IS FOR FILING OFFICE U	SE ONLY	
me filing offices - see Instruction item 1		
ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX	
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19955 GAGES LN, BURLINGTON, WA 98233		
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