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04/10/2023 12:02 PM Pages: 1 of 2 Fees: \$204.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2529 57482 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 201807090044 07/09/2018 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 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. 📝 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: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete 7a or 7b, <u>and</u> item 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX JIMMY DORRIS 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) SUFFIX 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY USA 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: APN: P103542 LOT 5 OF ANACORTES SHORT PLAT NO.AN92-003 AS APPROVED FEBRUARY 12, 1993, AND RECORDED FEBRUARY 12, 1993, IN VOLUME 10 OF SHORT PLATS, PAGES 174 AND 175, UNDER AUDITOR'S FILE NO. 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) If this is an Amendment authorized by a DEBTOR, check here $\$ and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME 1st Security Bank of Washington OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 10. OPTIONAL FILER REFERENCE DATA: Debtor: DORRIS, JIMMY-: DORRIS 5151270370 2529 57482

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	INITIAL FINANCING STATEMENT FILE NUMBER: Sa 01807090044 07/09/2018	ame as item 1a on Amendment form				
	NAME OF PARTY AUTHORIZING THIS AMENDMENT	: Same as item 9 on Amendment for	m			
	12a. ORGANIZATION'S NAME 1st Security Bank of Washington					
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R	12b. INDIVIDUAL'S SURNAME					
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	Name of DEBTOR on related financing statement (Nar one Debtor name (13a or 13b) (use exact, full name; do not or					n item 13): Provide o
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