202304210007

04/21/2023 08:48 AM Pages: 1 of 1 Fees: \$203.50 Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT

OCC FINANCING STATEMENT AWILLIADMEN	• •				
FOLLOW INSTRUCTIONS		٦			
A. NAME & PHONE OF CONTACT AT FILER (optional) Tanya Samora					,
B. E-MAIL CONTACT AT FILER (optional)	-	1			
tsamora@northcoastcu.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
	—				
NORTH COAST CREDIT UNION	l				
1100 DUPONT ST					
BELLINGHAM WA 98225					
	ī	1			
		THE ABOV	E SPACE IS FOR	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AME	NDMENT is to be filed [fo	
202203010043		or recorded) in th	ie REAL ESTATE R	ECORDS 1 UCC3Ad) <u>and</u> provide Debt	
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated				
Statement	0.0.0.0		,	•	
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 i	n 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 respec	t to the security interest(s)) of Secured Party	authorizing this Continual	ion Statement is
continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:				-	
AND Check o	ne of these three t	ooxes to:		" DELETE	Circ mand man
This Change affects Debtor or Secured Party of record item	NGE name and/or 6a or 6b; and item	address: Complete 7a or 7b and item 7c	ADD name: Complet 7a or 7b, <u>and</u> item 7c	to be deleted in	Give record name item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Cha					
6a. ORGANIZATION'S NAME			-		
GD. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
Cummings	\mathcal{R}	chard			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide	only one name (7a or 7b) (use ex	act, full name; do not om	it, 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 ADDITIONAL NAME(S)/INITIAL(S)	_				SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	DD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:					
malate content.					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT:	Provide only one name (9a	or 9b) (name of Ass	signor, if this is an Assignn	nent)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provid and provid	e name of authoriz	ing Debtor			
9a. ORGANIZATION'S NAME			-		
NORTH COAST CREDIT UNION					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
			1		
10 OPTIONAL FILER REFERENCE DATA:					
10. OPTIONAL FILER REFERENCE DATA:					