

**202304210008**04/21/2023 08:48 AM Pages: 1 of 1 Fees: \$203.50
Skagit County Auditor**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

| | | | | |
|---|--|--|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Tanya Samora | | | | |
| B. E-MAIL CONTACT AT FILER (optional) tsamora@northcoastcu.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">NORTH COAST CREDIT UNION 1100 DUPONT ST BELLINGHAM WA 98225</div> | | | | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201507130020 | | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement | | | | |
| 3. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b | | | | |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) | | | | |
| 6a. ORGANIZATION'S NAME | | | | |
| OR 6b. INDIVIDUAL'S SURNAME: Taylor FIRST PERSONAL NAME: Richard ADDITIONAL NAME(S)/INITIAL(S): SUFFIX: | | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> 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 CITY STATE POSTAL CODE COUNTRY | | | | |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor | | | | |
| 9a. ORGANIZATION'S NAME NORTH COAST CREDIT UNION | | | | |
| OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX: | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: | | | | |

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)