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08/02/2023 08:33 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

FOLLOW INSTRUCTIONS	DIVIENI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294]			
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_			
2616 12074 CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skagit)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202112230058 12/23/2021	INFORMATION	1b. This FINANCING STAT	EMENT AMENDM AL ESTATE RECO	FILING OFFICE USE (ENT is to be filed [for recored RDS. Filer: attach Amendment of the content	-dl
2. TERMINATION: Effectiveness of the Financing Statement identif	ied above is terminated with res	(Form UCC3Ad) and pr			tion Statement
2. P TEMPINATION. Ellective less of the Financing Statement Identity	ed above is terminated with res	bect to the security interest(s) or	Secured Farity /(iii	es) authorizing this Termina	nion statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Col			3		
CONTINUATION: Effectiveness of the Financing Statement ider additional period provided by applicable law	tified above with respect to the	security interest(s) of Secured P	arty authorizing thi	is Continuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	Check one of these three bo		namo: Complete	itom DELETE name:	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c7a or	name: Complete 7b, <u>and</u> item 7c	to be deleted in i	
CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	nation Change - provide only <u>on</u>	<u>e</u> name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
SMITH	RONALD	IAL NAIVIE	ADDITIONA	L NAME(S)/INTIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide only	one name (7a or 7b) (use exact, full na	me; do not omit, modify	, or abbreviate any part of the De	btor's name)
7a. ORGANIZATION'S NAME					· · · · · · · · · · · · · · · · · · ·
OR THE PROPERTY OF THE PROPERT					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	lam.		Lower Lo		
7c. MAILING ADDRESS	CITY		STATE	OSTAL CODE	COUNTRY
COLLATERAL CHANGE: Check only one box:		DELETE WHAT	DESTATE		
COLLATERAL CHANGE: Check only one box: Indicate collateral:	ADD collateral	DELETE collateral only if the assignee's power to amend th	RESTATE cove	_	ASSIGN* collateral
indicate collateral.	GIEGRAGOIGH GOLLAI LIVAL	mily if the assignees power to amend the	s record is illilied to ce	Train condictor and describe are c	ollateral in occilotro
O NAME OF SECURED PARTY OF RECORD AUTHORIZIN	C THIC AMENDMENT. D				
	d provide name of authorizing D		ame of Assignor, i	f this is an Assignment)	
9a. ORGANIZATION'S NAME Verity Credit Union					
0.00	T.				
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
IU. OF HONAL FILER REFERENCE DATA:					2616 1207