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09/27/2023 11:39 AM	Pages: 1 of 1	Fees: \$203.50
Skagit County Auditor, V	VA	

UCC FINANCING STATEMENT	
000 HINANOING OTATEMENT	

FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTE	R (optional)				
Recording Services					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
recordings@gorequire.com					
C. SEND ACKNOWLEDGMENT TO: (Name and	Address)				
reQuire Real Estate Solutions	Г				
PO Box 860					
l Palm Harbor, Florida 34682					
SEE BELOW FOR SECURED PART	CONTACT INFORMATION	THE ABOVE	SPACE IS FOR FILING	OFFICE USE (ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			EMENT AMENDMENT is t AL ESTATE RECORDS. Fi		
201909030018		(or recorded) in the RE (Form UCC3Ad) and p	AL ESTATE RECORDS. Fi rovide Debtor's name in iter	ler: <u>aftach</u> Amendr m 13.	nent Addendum
2. TERMINATION: Effectiveness of the Financing S	atement identified above is terminated with resp	ect to the security interest(s) o	f Secured Part(y)(ies) autho	vrizing this Termina	tion Statement
 ASSIGNMENT: Provide name of Assignee in iter For partial assignment, complete items 7 and 9; che 			8		
4. CONTINUATION: Effectiveness of the Financing additional period provided by applicable law	Statement identified above with respect to the s	ecurity interest(s) of Secured F	Party authorizing this Contin	uation Statement i	s continued for t
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of these three boy CHANGE name and/or a		name: Complete item	DELETE name:	Cirro record and
This Change affects Debtor or Secured Party	of recorditem 6a or 6b; and item 7	a or 7b <u>and</u> item 7c7a o	r 7b, and item 7c	to be deleted in it	tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete	for Party Information Change - provide only one	name (6a or 6b)			
6a. ORGANIZATION'S NAME					
6D. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Clark	Wendy	A			
7. CHANGED OR ADDED INFORMATION: Complete	for Assignment or Party Information Change - provide only	<u>me</u> name (7a or 7b) (use exact, full na	rme; do not omit, modify, or abbrev	viate any part of the De	btor's name)
7a. ORGANIZATION'S NAME					
75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
TC. MAILING ADDRESS	CITY		STATE POSTAL	CODE	COUNTRY
 COLLATERAL CHANGE: <u>Check only one</u> b 		DELETE collateral	RESTATE covered colla		ASSIGN* collater
Indicate collateral:	*Check ASSIGN COLLATERAL of	ly if the assignee's power to amend th	ne record is limited to certain collat	eral and describe the c	ollateral in Section 8

	IAME OF SECURED PARTY OF RECORD AUTHOR (this is an Amendment authorized by a DEBTOR, check here	ORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or and provide name of authorizing Debtor	9b) (name of Assignor, if this is an Assignment)				
	9a. ORGANIZATION'S NAME	—					
Puget Sound Cooperative Credit Union							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
	OPTIONAL FILER REFERENCE DATA: 5126779						
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)							
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