

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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) <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%; border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><div>2662 78877 CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div><div style="text-align: right;">Filed In: Washington (Skagit)</div></div></div><div style="width: 35%; text-align: center; padding-top: 20px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200904010076 04/01/2009			1b. <input checked="" 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 type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT: 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; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8				
4. <input checked="" 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. 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: <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</div></div>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex;"><div style="width: 20px; text-align: right;">6a. ORGANIZATION'S NAME</div><div>4 B'S INVESTMENTS, L.L.C.</div></div>				
<div style="display: flex;"><div style="width: 20px; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div>				
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)				
<div style="display: flex;"><div style="width: 20px; text-align: right;">7a. ORGANIZATION'S NAME</div><div></div></div>				
<div style="display: flex;"><div style="width: 20px; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div>				
<div style="display: flex;"><div style="width: 40%;">7c. MAILING ADDRESS</div><div style="width: 10%;">CITY</div><div style="width: 10%;">STATE</div><div style="width: 10%;">POSTAL CODE</div><div style="width: 10%;">COUNTRY USA</div></div>				
8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral <div style="font-size: small; margin-top: 5px;">Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8</div> <p>PARCEL #340408-2-001-0003 SHORT LEGAL: TRACT 1, CITY OF BURL SP#BURL-1-91 SEE ATTACHMENT FOR FULL LEGAL DESCRIPTION DEBTOR: 4 B'S INVESTMETNS, L.L.C., 14857 DUNBAR LN, MOUNT VERNON, WA 98273 SECURED PARTY: WHIDBEY ISLAND BANK, PO BOX 1589, OAK HARBOR, WA 98277</p>				
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				
<div style="display: flex;"><div style="width: 20px; text-align: right;">9a. ORGANIZATION'S NAME</div><div>Whidbey Island Bank</div></div>				
<div style="display: flex;"><div style="width: 20px; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div>				
10. OPTIONAL FILER REFERENCE DATA:				

2662 78877