Skagit County Auditor, WA

| JCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS   | ENT   |                                   |                        |                                       |                                    |
|---|---|-----------------------------------|------------------------|---------------------------------------|------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Alana Inks (509) 467-3602  |   |                                   |                        |                                       |                                    |
| B. E-MAIL CONTACT AT FILER (optional)   |   |                                   |                        |                                       |                                    |
| ainks011426@urmstores.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |   |                                   |                        |                                       |                                    |
|   |   |                                   |                        |                                       |                                    |
| Alana Inks URM Stores, Inc  | I I   |                                   |                        |                                       |                                    |
| PO Box 3365   |   |                                   |                        |                                       |                                    |
| Spokane WA 99220  |   |                                   |                        |                                       |                                    |
|   |   | THE ABOVE SI                      | DACE 18 EAS            | R FILING OFFICE USE (                 | CAN V                              |
| a. INITIAL FINANCING STATEMENT FILE NUMBER  | 1b.[  |                                   |                        | NDMENT is to be filed [for            |                                    |
| 201902190134  | '   | (or recorded) in the RE           | AL ESTATE F            |                                       | •                                  |
| 2. TERMINATION: Effectiveness of the Financing Statement identifie Statement  | d above is terminated with r  |                                   |                        |                                       |                                    |
| ASSIGNMENT (full or partial): Provide name of Assignee in item 7     For partial assignment, complete items 7 and 9 and also indicate affer   |   | ignee in item 7c <u>and</u> nam   | e of Assignor          | in item 9                             |                                    |
| I. CONTINUATION: Effectiveness of the Financing Statement identi-<br>continued for the additional period provided by applicable law   | fied above with respect to the  | e security interest(s) of S       | Secured Parly          | authorizing this Continuatio          | on Statement is                    |
| 5. PARTY INFORMATION CHANGE:  |   |                                   |                        |                                       |                                    |
|   | eck one of these three boxes<br>CHANGE name and/or addro<br>item 6a or 6b; and item 7a or |                                   | name: Complet          | e itemDELETE name:                    | Give record nam                    |
| This Change affects   |   |                                   | 7b, <u>and</u> item 7c | to be deleted in it                   | tem 6a or 6b                       |
| Ga. ORGANIZATION'S NAME   | in change - provide unity <u>one</u> i  | anie (oa oi oo)                   |                        |                                       |                                    |
| The Markets at Anacortes  |   |                                   |                        |                                       |                                    |
| OR 6b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL N  | FIRST PERSONAL NAME               |                        | ADDITIONAL NAME(S)/INITIAL(S)         |                                    |
| P. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party   | Information Change - provide only o   | ne name (7a or 7b) (use exact, fu | I name; do not om      | it, modify, or abbreviate any part of | fthe Debtor's name)                |
| 7a. ORGANIZATION'S NAME The Markets, LLC  |   |                                   |                        |                                       |                                    |
| OR 76. INDIVIDUAL'S SURNAME   |   |                                   |                        |                                       |                                    |
|   |   |                                   |                        |                                       |                                    |
| INDIVIDUAL'S FIRST PERSONAL NAME  |   |                                   |                        |                                       |                                    |
|   |   |                                   |                        |                                       | T                                  |
|   |   |                                   |                        |                                       |                                    |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |   |                                   |                        |                                       | SUFFIX                             |
| c. MAILING ADDRESS  | CITY  |                                   | STATE                  | POSTAL CODE                           | COUNTRY                            |
| individual's additional name(s)/initial(s) c. mailing address 851 Coho Way, Suite 305   | сіту<br>Bellingha   | am                                | STATE WA               | POSTAL CODE<br>98225                  |                                    |
| c. MAILING ADDRESS  | Bellingh  | am  ELETE collateral              | WA                     | 98225                                 | COUNTRY                            |
| % MAILING ADDRESS<br>851 Coho Way, Suite 305  | Bellingh  |                                   | WA                     | 98225                                 | COUNTRY                            |
| c. MAILING ADDRESS 851 Coho Way, Suite 305 8. COLLATERAL CHANGE: Also check one of these four boxes:  | Bellingh  |                                   | WA                     | 98225                                 | COUNTRY                            |
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| c. MAILING ADDRESS  851 Coho Way, Suite 305  . COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  | Bellingha  ADD collateral   HIS AMENDMENT: Provide  | ELETE collateral                  | WA RESTATE &           | 98225                                 | COUNTRY<br>USA<br>USSIGN collaters |
| ic. MAILING ADDRESS  851 Coho Way, Suite 305  3. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  | Bellingh  | ELETE collateral                  | WA RESTATE &           | 98225                                 | COUNTRY<br>USA<br>USSIGN collaters |
| C. MAILING ADDRESS  851 Coho Way, Suite 305  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  D. NAME of SECURED PARTY of RECORD AUTHORIZING THE Within its an Amendment authorized by a DEBTOR, check here and property of the second authorized by a DEBTOR.  | Bellingha  ADD collateral   HIS AMENDMENT: Provide  | ELETE collateral                  | WA RESTATE &           | 98225                                 | COUNTRY<br>USA<br>USSIGN collaters |
| C. MAILING ADDRESS  851 Coho Way, Suite 305  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  D. NAME of SECURED PARTY of RECORD AUTHORIZING THE of the search and present the se | Bellingha  ADD collateral   HIS AMENDMENT: Provide  | e only <u>one</u> name (9a or 9b  | WA RESTATE of          | 98225                                 | COUNTRY<br>USA<br>ASSIGN collaters |

International Association of Commercial Administrators (IACA)

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