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Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Recording Services

В.	E-MAIL CONTACT AT SUBMITTER (optional)			1			
re	cordings@gorequire.com						
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)			1			
lı	_						
יו	reQuire Real Estate Solutions		1				
	PO Box 860						
Ιı	Palm Harbor, Florida 34682		1				
ľ	_						
	SEE BELOW FOR SECURED PARTY CONTAC	T INFORMATI	ON	THE ABO	IVE SPACE IS FOR FILE	NG OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 1904030012	1b. 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.	TERMINATION: Effectiveness of the Financing Statement idea	ntified above is ter	rminated with resp	pect to the security interes	t(s) of Secured Part(y)(ies) a	uthorizing this Termin	ation Statement
3.	ASSIGNMENT: Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9; check ASSIGN 0	<u>nd</u> address of Ass Collateral box in It	signee in item 7c g em 8 and describ	and name of Assignor in ite e the affected collateral in	em 9 item 8		
4.	CONTINUATION: Effectiveness of the Financing Statement in additional period provided by applicable law	dentified above wi	ith respect to the s	security interest(s) of Secu	ired Party authorizing this Co	ontinuation Statement	is continued for the
5.	PARTY INFORMATION CHANGE:						
c	heck one of these two boxes:		of these three bo				
Т	his Change affects Debtor or Secured Party of record	item 6a	GE name and/or a a or 6b; <u>and</u> item i	address: Complete 7a or 7b <u>and</u> item 7c	ADD name: Complete item 7a or 7b, <u>and</u> item 7c	to be deleted in	Give record name item 6a or 6b
6. (CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change	 provide only one 	aname (6a or 6b)			
	6a. ORGANIZATION'S NAME						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
	Miller		Jacqueline	e			
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 al	bbreviate any part of the D	ebtor's name)
	7a. ORGANIZATION'S NAME						
OR							
•	7b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
	INDIVIDUALS ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
70	MAILING ADDRESS		CITY		ISTATE IPOST	AL CODE	COUNTRY
10.	MAILING ADDITEGO				SIAIE POST	ALCODE	COONIKI
_							
8.	COLLATERAL CHANGE: Check only one box		collateral	DELETE collateral	RESTATE covered		ASSIGN* collateral
	Indicate collateral:	*Check AS	SIGN COLLATERAL O	only if the assignee's power to an	nend the record is limited to certain	collateral and describe the	collateral in Section 8
_	NAME OF SECURED PARTY OF RECORD AUTHORIZ	UNIO TI UO ARAE	NIDMENT O		4		
li	This is an Amendment authorized by a DEBTOR, check here		e of authorizing D	<i>,</i> — ,	9b) (name of Assignor, if this	s is an Assignment)	
	9a ORGANIZATION'S NAME						
	9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit I	Inion					
OR	Puget Sound Cooperative Credit U	nion	TEIRST PERSON	AI NAME	ADDITIONAL NA	AME(S)/INITIAL(S)	ISUFFIX
		nion	FIRST PERSON	AL NAME	ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
OR	Puget Sound Cooperative Credit U	^J nion	FIRST PERSON	ALNAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)