202402290002

02/29/2024 08:37 AM Pages: 1 of 2 Fees: \$304.50 Skagit County Auditor, WA

UCC FINANCING STATEMENT AMEND 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)					
2771 37564 CSC	-	7			
901 Adlai Stayanaan Driva	iled In: Washingto (Skagii				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		THE ABOV	'E SPACE IS FOR FILI	NG OFFICE USE (ONLY
		1b. This FINANCING S (or recorded) in the			
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated wit				ition Statement
		, , ,	,	J	
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9; check ASSIGN Collate					
CONTINUATION: Effectiveness of the Financing Statement identifi- additional period provided by applicable law	ed above with respect to	the security interest(s) of Secure	ed Party authorizing this Co	ntinuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	CHANCE name on		DD name: Complete item	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 7c7	a or 7b, <u>and</u> item 7c	to be deleted in i	
CURRENT RECORD INFORMATION: Complete for Party Informat 6a. ORGANIZATION'S NAME	ion Change - provide on	ly <u>one</u> name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	LEIDOT DEL	200141 114145	ADDITIONAL MA	ME (C)/INITIAL (C)	LOUEEN
Walstad	Dale	RSONAL NAME	Dean	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par		do only one name (7a or 7h) (une exact fu		shraviata any part of the Do	htor's name)
7a. ORGANIZATION'S NAME	ty mornation organge provide	to only <u>one</u> name (re or re) (add oxad), re	in ridino, do not offit, modify, or de	istoriale any part of the Be	bioi o namo,
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POST	AL CODE	COUNTRY
COLLATERAL CHANGE: <u>Check only one</u> box:	ADD collateral				
	ADD Collateral	DELETE collateral	RESTATE covered of	collateral /	ASSIGN* collateral
Indicate collateral:		DELETE collateral ERAL only if the assignee's power to amer			
Indicate collateral: Windows & 1 Door		_			
Indicate collateral: Windows & 1 Door APN: P125788	*Check ASSIGN COLLATE	ERAL only if the assignee's power to amer	nd the record is limited to certain o	collateral and describe the c	
Indicate collateral: Windows & 1 Door APN: P125788 LEGAL: Lot 92, PLAT OF CEDAR HEIGHTS PUD	*Check ASSIGN COLLATE	ERAL only if the assignee's power to amer	eof, recorded Janu	ollateral and describe the classifier of the cla	
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Indicate collateral: Windows & 1 Door APN: P125788 LEGAL: Lot 92, PLAT OF CEDAR HEIGHTS PUD under Auditor's File No. 200701190116, records of 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and page 1.	*Check ASSIGN COLLATE 1, PHASE 1, acc Skagit County, \ THIS AMENDMENT: provide name of authorizeshington	ERAL only if the assignee's power to amer coording to the plat there washington. Situated in Provide only one name (9a or 9t)	eof, recorded Janu n Skagit County, V	ollateral and describe the current of the current o	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $202308140030\ 08/14/2023$ 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME 1st Security Bank of Washington 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME FIRST PERSONAL NAME 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): OTHER INFORMATION (Please Describe) ITEM 8 (Collateral) OR 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: Lot 92, PLAT OF CEDAR HEIGHTS PUD 1, PHASE 1, covers timber to be cut covers as-extracted collateral final final final covers as-extracted collateral final fina is filed as a fixture filing according to the plat thereof, recorded January 19, 2007 under Auditor's File No. 200701190116, records of Skagit County, Washington. Situated in Skagit County, Washington 18. MISCELLANEOUS:

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 07/01/23)

Fixture Filing