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09/18/2024 08:33 AM Pages: 1 of 2 Fees: \$304.50

	Skagit County	Auditor, WA	
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	7		
Recording Services			
B. E-MAIL CONTACT AT SUBMITTER (optional)			
recordings@gorequire.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
reQuire Real Estate Solutions	1 i		
PO Box 860	' 		
Palm Harbor, Florida 34682			
	Print	Res	et
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	1917 FEB. 1884 AND	CE IS FOR FILING OFFICE U	
1a. INITIAL FINANCING STATEMENT FILE NUMBER			
202303230011	(or recorded) in the REAL E (Form UCC3Ad) and provid	ENT AMENDMENT is to be filed [for STATE RECORDS. Filer: <u>attach</u> Am e Debtor's name in item 13	endment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with r	, , , , , , , , , , , , , , , , , , , ,		mination Statement
	,		
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7 For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and described.			
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the additional period provided by applicable law	ne security interest(s) of Secured Party	authorizing this Continuation Statem	nent is continued for the
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: AND Check one of these three	boxes to:		
CHANGE name and/	or address: Complete ADD nan m 7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete item DELETE na and item 7c to be delete	me: Give record name d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only			
6a. ORGANIZATION'S NAME			
OR CHARLES OF THE STATE OF THE			
60. INDIVIDUAL'S SURNAME		ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
Warner	_		
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide of Tra. ORGANIZATION'S NAME 	only <u>one</u> name (7a or 7b) (use exact, full name; d	o not omit, modify, or abbreviate any part of t	he Debtor's name)
Tal. Short Will more stated			
OR 76. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
Indicate collateral: *Check ASSIGN COLLATER/	AL only if the assignee's power to amend the reco	ord is limited to certain collateral and describe	the collateral in Section 8
Fixtures and energy equipment, including but not limited to	o, all accessories, perip	heral and associated	equipment,
and after acquired equipment, installed at 26171 Jusjay La	ane Sedro Woolley, WA	98284	
Parcel: P119394			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: F	travida antu ana nama (Da ar Ch) (nama	of Accionar if this is an Accionmon	A).
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing		e of Assignor, if this is all Assignmen	ig .
9a. ORGANIZATION'S NAME			
Puget Sound Cooperative Credit Union			
9b. INDIVIDUAL'S SURNAME FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			

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

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Print Reset 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 OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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: covers timber to be cut covers as-extracted collateral internal. 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): LOT 15, ELK HAVEN ESTATES, ACCORDING TO THE PLAT is filed as a fixture filing THEREOF, RECORDED AUGUST 6, 2002, UNDER AUDITOR'S FILE NO. 200208060083, RECORDS OF SKAGIT COUNTY, WASHINGTON. ALL SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

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18. MISCELLANEOUS: