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12/02/2024 12:56 PM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

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UCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS	IDMENT				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1710 854 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: WA Skagit County				
SEE BELOW FOR SECURED PARTY CONTACT		THE ABOVE S	PACE IS EO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202002130091 02/13/2020			EMENT AMENI AL ESTATE RE	DMENT is to be filed [for reco	
2. TERMINATION: Effectiveness of the Financing Statement identi	fied above is terminated with res				ation Statement
3. 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 Co			3		
 CONTINUATION: Effectiveness of the Financing Statement ide additional period provided by applicable law 	ntified above with respect to the	security interest(s) of Secured P	arty authorizing	this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	ND Check one of these three bo CHANGE name and/or	address: CompleteADD	name: Comple	ete item - DELETE name:	Give record name
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Infor	item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or	7b, <u>and</u> item 7	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME SKAGIT VALLEY FU		g name (ou en es)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	r Party Information Change - provide only	one name (7a or 7b) (use exact, full na	ne: do not omit. ma	dify, or abbreviate any part of the D	ebtor's name)
7a. ORGANIZATION'S NAME				, , , , , , , , , , , , , , , , , , , ,	,
DR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
B. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE CO	overed collateral	ASSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL	only if the assignee's power to amend th	e record is limited to	certain collateral and describe the	collateral in Section 8
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here	NG THIS AMENDMENT: Pro		ame of Assigno	or, if this is an Assignment)	
9a. ORGANIZATION'S NAME MOUNTAIN PACIFIC					
DR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
 0. OPTIONAL FILER REFERENCE DATA: 129013181					
O. O. HOWALTIELK NEI ENENGE DATA. 123013101				171	0 854

UCC FINANCING STATEMENT AMENDIFICATIONS	MENT ADDEND	JM		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 202002130091 02/13/2020	1a on Amendment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	item 9 on Amendment form			
12a. ORGANIZATION'S NAME MOUNTAIN PACIFIC BANK				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPA	CE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a curre				ovide only
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, c	or abbreviate any part of the Debtor :	s name); see instructions if name o	does not tit	
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	EM 8 (Collateral) OR	OTHER INFORMATION (PIG	essa Describa)	
15. This FINANCING STATEMENT AMENDMENT:		cription of real estate:		
Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	17 P11	NW NE, SEC 19, 9282/ 330419-0-0 419-0-067-0105	T 33 N, R 4 EWM 067-0105 AND P10	6910/
18. MISCELLANEOUS:				· ·