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Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Sarah Gamble				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">North Coast Credit Union 1100 Dupont St Bellingham WA 98225</div>				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201106060021			1b. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> 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 Collateral box in Item 8 and describe the affected collateral in item 8.				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.				
5. PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; padding: 2px;"><div style="width: 40%;">OR 6b. INDIVIDUAL'S SURNAME Choffel</div><div style="width: 20%;">FIRST PERSONAL NAME Robyn</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S) M</div><div style="width: 20%;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; padding: 2px;"><div style="width: 40%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
<div style="border: 1px solid black; padding: 2px;">7c. MAILING ADDRESS</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; padding: 2px;"><div style="width: 40%;">CITY</div><div style="width: 10%;">STATE</div><div style="width: 20%;">POSTAL CODE</div><div style="width: 30%;">COUNTRY</div></div>				
8. COLLATERAL CHANGE: Check only one box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral Indicate collateral: _____ <small>*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8</small>				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME North Coast Credit Union</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black; padding: 2px;"><div style="width: 40%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA:				