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01/14/2025 10:17 AM Pages: 1 of 1 Fees: \$303.50 Skagit County Auditor. WA

F#1054981 A#1444569

			Skagit Ci	ounty A	duitor, vv	`	
UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT	ı					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Christine Ahn	(425) 27	5-9710					
B. E-MAIL CONTACT AT SUBMITTER (optional)	(/						
christine.ahn@unibankusa.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
Unibank		\neg					
19315 HWY. 99		'					
LYNNWOOD, WA 98036							
SEE BELOW FOR SECURED PARTY CONTACT INF	FORMATIO	N	THE ABO	VE SPACI	E IS FOR FIL	ING OFFICE USE O	DNLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201504100037 04/10/2015			b. This FINANCING S (or recorded) in the	STATEMEN e REAL EST	T AMENDMENT ATE RECORDS	is to be filed (for recor S. Filer: <u>attach</u> Amendn	
	-k		(Form UCC3Ad) <u>al</u>				
2. TERMINATION: E ectiveness of the Financing Statement identified	above is term	inated with resp	ect to the security interesti	(s) of Secur	ed Part(y)(les) a	iuthorizing this Termina	tion Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and add For partial assignment, complete items 7 and 9, check ASSIGN Collate							
4. CONTINUATION: E ectiveness of the Financing Statement identifies additional period provided by applicable law	ed above with	respect to the s	ecurity interest(s) of Secur	red Party au	thorizing this Co	ontinuation Statement is	s continued for the
5. PARTY INFORMATION CHANGE:							
	Check one of	these three box	es to:				
This Change a ects Debtor or Secured Party of record	CHANGE item 6a c	E name and/or a or 6b; <u>and</u> item 7	ddress: Complete a or 7b <u>and</u> item 7c	ADD name: 7a or 7b, <u>ar</u>	Complete item <u>id</u> item 7c	DELETE name: to be deleted in it	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informati	on Change - p	provide only <u>one</u>	name (6a or 6b)				
6a. ORGANIZATION'S NAME							
6b. INDIVIDUAL'S SURNAME FIRST F		IRST PERSON	AL NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Part ORGANIZATION'S NAME 	ty Information Ch	ange - provide only g	ne name (7a or 7b) (use exact, 1	full name; do n	ot omit, modify, or a	bbreviate any part of the Det	xtor's name)
78. ORGANIZATION S NAME							
OR 7b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
7c. MAILING ADDRESS	10	YTK		15	STATE POST	TAL CODE	COUNTRY
	[
8. COLLATERAL CHANGE: Check only one box:	ADD o	ollateral	DELETE collateral	RE	STATE covered	collateral A	SSIGN* collateral
Indicate collateral:		_	ly if the assignee's power to am				

A MANUE OF RECURED PARTY RECORD MICHIGANISM	TI 110 25 25 1	D145117 -					
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and p		DMENT: Provi of authorizing De		9b) (name o	t Assignor, if thi:	s is an Assignment)	
9a. ORGANIZATION'S NAME							
UNIBANK							
9b. INDIVIDUAL'S SURNAME	F	IRST PERSON	AL NAME		ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX

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

10. OPTIONAL FILER REFERENCE DATA:
Filed with: WA - Skagit County; Debtor: ALAN N KIM