## 202503280139

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Skagit County Auditor, WA

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1100	CINIA NICINIC CTATEMENT

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT			
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)		4		
C. SEND ACKNOVVLEDGMENT TO: (Name and Address)				
reQuire Real Estate Solutions				
PO Box 860				
Palm Harbor, Florida 34682				
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION	THE ABOVE SI	PACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum			
202301170025		(Form UCC3Ad) and pro-	ride Debtor's name in item 13.	
2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with res	spect to the security interest(s) of S	Secured Part(y)(ies) authorizing this Ter	mination Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and as For partial assignment, complete items 7 and 9; check ASSIGN Collate.				
4. CONTINUATION: Effectiveness of the Financing Statement identifi additional period provided by applicable law	ed above with respect to the	security interest(s) of Secured Pa	ty authorizing this Continuation Statem	nent is continued for the
5. PARTY INFORMATION CHANGE:				
	Check one of these three bo			
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	address: Complete 7a or 7b <u>and</u> item 7c ADD r	ame: Complete item DELETE na to be deleted	me: Give record name d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	ion Change - provide only <u>on</u>	e name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
McMullen	Scott			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pal	ty Information Change - provide only	y <u>one</u> name (7a or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part of the	he Debtor's name)
7a. ORGANIZATION'S NAME				
OR 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
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collatera
Indicate collateral;	(2.000m)		record is limited to certain collateral and describe	
		, , , , , , , , , , , , , , , , , , , ,		
· · · · · · · · · · · · · · · · · · ·	THIS AMENDMENT: Proprovide name of authorizing D	ovide only <u>one</u> name (9a or 9b) (na Debtor	me of Assignor, if this is an Assignmen	t)
9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Unio	on			
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:  McMullen859				

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