202507230024

07/23/2025 11:54 AM Pages: 1 of 1 Fees: \$303.50 Skagit County Auditor, WA

OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN If this is an Amendment authorized by a DEBTOR, check here and provide name of the second part of the second	IDMENT: Provide only <u>one</u> name (9a of authorizing Debtor	or 9b) (name of Assignor, if this is an Assignment)	
- ;—	ollateral DELETE collateral GN COLLATERAL only if the assignee's power to	RESTATE covered collateral amend the record is limited to certain collateral and describe	ASSIGN* collatera
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME			
OR 7b. INDIVIDUAL'S SURNAME			
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch. 7a. ORGANIZATION'S NAME 	ange - provide only <u>one</u> name (7a or 7 b) (use exa	ct, full name; do not omit, modify, or abbreviate any part of th	Debtor's name)
60. INDIVIDUALS SURNAIME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAME KORDRA Investments, LLC			
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - p	or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c provide only <u>one</u> name (6a or 6b)	7a or 7b, <u>and</u> item 7c to be deleted	in item 6a or 6b
Check one of these two boxes: AND Check one of Change of these two boxes: CHANGE	f these three boxes to: E name and/or address: Complete	—ADD name: Complete item — DELETE nan	ne: Give record nam
additional period provided by applicable law 5. PARTY INFORMATION CHANGE:			
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 4. CONTINUATION: Effectiveness of the Financing Statement identified above with	n 8 and describe the affected collateral	in item 8	ent is continued for the
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee.	nee in item 7c and name of Assignor in	item 9	
202101190024 01/19/2021 2. TERMINATION: Effectiveness of the Financing Statement identified above is term	·) and provide Debtor's name in item 13. est(s) of Secured Part(y)(ies) authorizing this Term	nination Statement
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCIN	G STATEMENT AMENDMENT is to be filed [for retthe REAL ESTATE RECORDS. Filer: attach Ame	ecord]
Springfield, IL 62703 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	(Skagit)	OVE SPACE IS FOR FILING OFFICE US	E ONLY
CSC 801 Adlai Stevenson Drive Filed In: Wa	shington		
3185 76595	$\neg 1$		
SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
B. E-MAIL CONTACT AT SUBMITTER (optional)			
CSC 1-800-858-5294			