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07/29/2025 10:08 AM Pages: 1 of 3 Fees: \$305.50

Skagit County Auditor, WA

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FOLLOW INSTRUCTIONS	VIENI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1 - 800 - 858 - 5294]			
B. E-MAIL CONTACT AT SUBMITTER (optional)		1			
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
4267 364 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: WA Skagit County				
SEE BELOW FOR SECURED PARTY CONTACT INFO				LING OFFICE USE (
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202206230086 06/23/2022	ľ	1b. This FINANCING STA (or recorded) in the R	ATEMENT AMENDMEN LEAL ESTATE RECORI	NT is to be filed [for recor DS. Filer: <u>attach</u> Amendn	d] nent Addendum
			provide Debtor's name		
2. TERMINATION: Effectiveness of the Financing Statement identified a	bove is terminated with resp	ect to the security interest(s)	of Secured Part(y)(ies)	authorizing this Termina	tion Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and addr For partial assignment, complete items 7 and 9; check ASSIGN Collater.					
CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	d above with respect to the s	ecurity interest(s) of Secured	Party authorizing this 0	Continuation Statement is	s continued for the
5. PARTY INFORMATION CHANGE:					
	Check one of these three box	res to:			
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	ddress: Complete AD	D name: Complete ite or 7b, and item 7c	m DELETE name: to be deleted in it	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information			,		
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFI	
Fagernes	Michael	A			
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party [7a. ORGANIZATION'S NAME 	Information Change - provide only	one name (7a or 7b) (use exact, full	name; do not omit, modify, or	r abbreviate any part of the Del	otor's name)
THE STOCKED WITH THE					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POS	STAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covere	d collateral	SSIGN* collateral
Indicate collateral:	*Check ASSIGN COLLATERAL o	nly if the assignee's power to amend	the record is limited to certain	in collateral and describe the c	ollateral in Section 8
Parcel Number:					
P122243					
Abbraviated Lagal Decemention.					
Abbreviated Legal Description:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT: Prov	ide only <u>one</u> name (9a or 9b)	(name of Assignor, if the	nis is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and pro		ebtor			
9a. ORGANIZATION'S NAME Verity Credit Union	I				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL N	NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
				4267	364

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

UCC FINANCING STATEMENT AMENDMENT ADDS	ENDUM	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202206230086 06/23/2022		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME	m	
Verity Credit Union		
OR 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
	OUEEN	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record requir one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the		
13a. ORGANIZATION'S NAME		
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSO	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
(0.2000 Ac) Eaglemont Phase 1B Div Iii, Lot 18 Af#200410250250, Being A Portion Of The Ne1/4 34 North, Range 4 East. Af#200410250250, Being Of Section 27, Township 34 North, Range 4 East 15. This FINANCING STATEMENT AMENDMENT:	Of Secti g A Porti t.	ion 27, Township ion 0f The Ne1/4
covers timber to be cut covers as-extracted collateral file is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	P122243 Abbrevi (0.2000 Lot 182 Af#2004	Number: 3 iated Legal Description: 0 Ac) Eaglemont Phase 1B Div Iii, 2, Acres 0.20, 410250250, Being A Portion Of The 0f Section 27, Township

18. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $202206230086\ 06/23/2022$ 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Verity Credit Union OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME FIRST PERSONAL NAME 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OTHER INFORMATION (Please Describe) 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is in tem 17. 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): is filed as a fixture filing Of Section 27, Township 34 North, Range 4 East. 18. MISCELLANEOUS:

UCC FINANCING STATEMENT AMENDMENT ADDENDUM