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08/19/2025 08:41 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

| FOLLOW INSTRUCTIONS | DMENT | | | |
|--|--|---|---|---------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) | | 7 | | |
| CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional) | | = | | |
| SPRFiling@cscglobal.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| 4317 533 CSC | Filed In: WA Skagit County | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 | | | | |
| SEE BELOW FOR SECURED PARTY CONTACT IN | IEODMATION | THE ABOVE OF | DACE IS EOD EILING OFFICE HE | = ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum | | | |
| 202211070032 11/07/2022 | | (or recorded) in the REAI (Form UCC3Ad) and pro- | _ ESTATE RECORDS. Filer: <u>attach</u> Amer vide Debtor's name in item 13. | ndment Addendum |
| 2. TERMINATION: Effectiveness of the Financing Statement identified | d above is terminated with res | spect to the security interest(s) of S | Secured Part(y)(ies) authorizing this Term | ination Statement |
| ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and ac | | | | |
| For partial assignment, complete items 7 and 9; check ASSIGN Collat 4. CONTINUATION: Effectiveness of the Financing Statement identif | | | ty authorizing this Continuation Stateme | nt is continued for the |
| additional period provided by applicable law | | . ,, | | |
| 5. PARTY INFORMATION CHANGE: | Check one of these three be | oves to: | | |
| Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record | CHANGE name and/or | address: CompleteADD n | ame: Complete itemDELETE nam | e: Give record name |
| CURRENT RECORD INFORMATION: Complete for Party Informa | item 6a or 6b; and item | | b, and item 7c to be deleted it | n item 6a or 6b |
| 6a. ORGANIZATION'S NAME | 3 1 / 2 | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| STRETCH | DUSTIN | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa | rty Information Change - provide onl | y one name (7a or 7b) (use exact, full name | ; do not omit, modify, or abbreviate any part of the | Debtor's name) |
| 7a. ORGANIZATION'S NAME | | | | |
| OR 7ь. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | Lower | | | |
| 7c. MAILING ADDRESS | CITY | | STATE POSTAL CODE | COUNTRY |
| 8. COLLATERAL CHANGE: Check only one box: | ADD collateral | DELETE collateral | RESTATE covered collateral | ASSIGN* collateral |
| Indicate collateral: | *Check ASSIGN COLLATERAL | only if the assignee's power to amend the | record is limited to certain collateral and describe the | e collateral in Section 8 |
| Parcel Number: | | | | |
| P75383 | | | | |
| Abbreviated Legal Description: | | | | |
| Lot 18, Block 10, Plat Of Town Of | | | In Volume 1 Of | |
| Plats, Page 17, Records Of Skagit | county, wasni | ngton. | | |
| | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and | | | me of Assignor, if this is an Assignment) | |
| 9a. ORGANIZATION'S NAME Verity Credit Unic | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAI NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| SU. INDIVIDUAL & SURIVANIE | FIRST PERSO | NAL NAME | ADDITIONAL INAINE(S)/IIVITIAL(S) | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: | | | | |
| THE PARTY OF THE PARTY OF THE PARTY. | | | 43 | 17 533 |
| | | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $202211070032\ 11/07/2022$ 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 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): OTHER INFORMATION (Please Describe) 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 the second of the covers as-extracted collateral covers as covers as extracted collateral is in the second in the second interest in the second interest is covered to the second interest in the second in the second interest in the second interest in the second interest in the second is filed as a fixture filing Parcel Number: P75383 Abbreviated Legal Description: Lot 18, Block 10, Plat Of Town Of Sedro, As Per Plat Recorded In Volume 1 Of Plats, Page 17, Records Of Skagit County, Washington.

18. MISCELLANEOUS: