202509120003

09/12/2025 09:17 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT

| FOLLOW INSTRUCTIONS | | _ | | |
|--|--|---|--|---|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional |) | | | |
| CSC 1-800-858-5294 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) | | | | |
| SPRFilina@cscalobal.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| 3228 58069 CSC 801 Adlai Stevenson Drive | Filed In: Washington | | | |
| Springfield, IL 62703 | (Skagit) | | | |
| SEE BELOW FOR SECURED PARTY CONTAC | | | SPACE IS FOR FILING OFFICE USE | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | 1b. This FINANCING STA | FEMENT AMENDMENT is to be filed [for rec | cord] |
| 202409090066 09/09/2024 | | — (or recorded) in the RE | AL ESTATE RECORDS. Filer: attach Amen rovide Debtor's name in item 13. | ament Addendum |
| 2. TERMINATION: Effectiveness of the Financing Statement iden | ntified above is terminated with resp | ect to the security interest(s) o | f Secured Part(y)(ies) authorizing this Termi | nation Statement |
| | | • | | |
| 3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN C | | | 8 | |
| CONTINUATION: Effectiveness of the Financing Statement id additional period provided by applicable law | lentified above with respect to the s | security interest(s) of Secured F | Party authorizing this Continuation Statemer | t is continued for the |
| 5. PARTY INFORMATION CHANGE: | | | | |
| | AND Check one of these three bo | xes to: | | |
| This Change affects Debtor or Secured Party of record | CHANGE name and/or a item 6a or 6b; and item | address: Complete ADE | name: Complete item DELETE name r 7b, <u>and</u> item 7c DELETE name | e: Give record name |
| CURRENT RECORD INFORMATION: Complete for Party Info | | | to be deleted if | i item 6a or 60 |
| 6a. ORGANIZATION'S NAME | omation onlinge - provide only one | iname (or or or) | | |
| | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NIANAT | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| OD. INDIVIDUALS SURNAME | FIRST PERSON | | | |
| L | ъ | TE IV UNE | 1.55111611112121213711111112(6) | 0011111 |
| Young | David | | .,,,,, | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment | | | .,,,,, | |
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| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME | | | .,,,,, | |
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| CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | | | .,,,,, | Debtor's name) |
| CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | | | .,,,,, | Debtor's name) |
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| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Check only one box: | or Party Information Change - provide only CITY ADD collateral | one name (7a or 7b) (use exact, full no | sme; do not omit, modify, or abbreviate any part of the state of the s | Debtor's name) SUFFIX COUNTRY ASSIGN* collateral |
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202409090066 09/09/2024 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME 1st Security Bank of Washington 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: APN: P110563 covers timber to be cut covers as-extracted collateral final final final covers as-extracted collateral final fina is filed as a fixture filing Legal: LOT 24 OF SURVEY RECORDED DECEMBER 23, 1996 IN VOLUME 19 OF SURVEYS. PAGES 31 THROUGH 35 UNDER AUDITOR'S FILE NO. 9612230056, RECORDS OF SKAGIT COUNTY, WASHINGTON: BEING A PORTION OF THE MAP OF THE CITY OF ANACORTES. RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON. 18. MISCELLANEOUS: