| | <u> حر کر</u> | _ | | | _ | |
|-------------|---------------|------|-----|------|---|--|
| er er er er | | | | | | |
| (- | | . F. | | | | |
| | - 2 | 2 | | | | |
| | -22 | - 3 | 77. | | | |
| | | | | | | |

| JCC FINANCING STATEMENT AMENDMENT |
|---|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY |
| A. NAME & PHONE OF CONTACT AT FILER [optional] |
| Corporation Service Company 1-800-858-5294 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) |
| 56108379 - 305020 |
| Corporation Service Company |
| 801 Adlai Stevenson Drive |
| Springfield, IL 62703-4261 |
| Filed In: Washington Skagit |
| 1a. INITIAL FINANCING STATEMENT FILE # 200307160047 7/16/2003 0 |
| 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with resp |
| 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to se |



ວມວວມວດ11 Page

1 of

1 9:24AM

| Corporation | Service Con | nnany | | | | |
|--|--|---|--|---|---|---|
| 904 Adia: C | Sur. 12 17 4 | | <u> </u> | | | |
| OUT Adial Si | tevenson Dri | ve | ľ | | | |
| Springfield, | IL 62703-420 | 61 | | | | |
| . • | | | Į. | | | |
| 1 | Appell | Filed In: Washir | ngton Skagit | | | |
| <u> </u> | | <u> </u> | | THE ABOVE | SPACE IS FOR FILING OFFICE | USE ONLY |
| INITIAL FINANCING STAT | ** | | | | 1b. This FINANCING STATE | |
| 200307160047 7/1 | 16/2003 0 | <u> </u> | | | to be filed [for record] (or REAL ESTATE RECORD | |
| TERMINATION: Eff | ectiveness of the Fin | ancing Statement identified ab | ove is terminated with resp | ect to security interest(s) o | f the Secured Party authorizing this Ten | mination Statement, |
| CONTINUATION: E | | | above with respect to sec | urity interest(s) of the Se | cured Party authorizing this Continuation | on Statement is |
| ASSIGNMENT (full of | or partial): Give nam | e of assignee in item 7a or 7b | and address of assignee in | item 7c; and also give nar | me of assignor in item 9. | |
| AMENDMENT (PARTY | (INFORMATION) | This Amendment affects | Debtor or Secured | Party of record. Check o | nly <u>one</u> of these two boxes. | |
| | | provide appropriate information | n in items 6 and/or 7. | | | |
| CHANGE name and/or at in regards to changing the | ddress; Please refer to e name/address of a p | othe detailed instructions | DELETE name: to be deleted in | Give record hame item 6a or 6b. | ADD name: Complete item 7a also complete items 7e-7g (if a | a or 7b, and also item 7 pplicable). |
| CURRENT RECORD INF | ORMATION: | \ | J. Jakob Jakob J. Jak | | | |
| 6a. ORGANIZATION'S N | AME NORTH | HOMES REALTY, | INC. | | | |
| S EL INDIVIDUAL S / AST | | | <u> </u> | | | · |
| 6b, INDIVIDUAL'S LAST | NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| | | | 1 | | | |
| CHANGED (NEW) OR A | | ON: | | | | |
| 7a. ORGANIZATION'S N | AME | | | | | |
| 76, INDIVIDUAL'S LAST | NAME | | FIRST NAME | 50 <u> </u> | MIDDLENISSE | SUFFIC |
| 76, INDIVIDUAL'S LAST | NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| | | | | | . 1 | 1 |
| ACCUMANDANCE OF THE PARTY OF TH | | | | | | |
| MAILING ADDRESS | | | СПҮ | | STATE POSTAL CODE | COUNTRY |
| | LADDY INTO DE | | | | gararer en | |
| | ORGANIZATION | 7e. TYPE OF ORGANIZATION | | OFORGANIZATION | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if | any |
| SEEINSTRUCTIONS AMENDMENT (COLLA | ORGANIZATION DEBTOR |); check only <u>one</u> box. | N 7f. JURISDICTION | | 7g, ORGANIZATIONAL ID #, if | |
| AMENDMENT (COLLA Describe collateral del | ORGANIZATION DEBTOR TERAL CHANGE eted or added, | check only <u>one</u> box. or give entire restated col | N 7f. JURISDICTION | cribe collateral assignment assignor, if this is an Assignor, if this is an Assignor, | ned: | any |
| AMENDMENT (COLLA Describe collateral del | DEBTOR TERAL CHANGE sted or added, | check only <u>one</u> box. or give entire ☐ restated column of the first one | N 7f. JURISDICTION | cribe collateral assignment assignor, if this is an Assignor, if this is an Assignor, | 7g, ORGANIZATIONAL ID #, if | any |
| AMENDMENT (COLLA Describe collateral del del del del del del del del del de | ORGANIZATION DEBTOR TERAL CHANGE eted or added, ad | check only <u>one</u> box. or give entire ☐ restated column of the first one | AMENDMENT (name of rized by a Debtor, check he | cribe collateral assignment assignor, if this is an Assignor, if this is an Assignor, | gnment). If this is an Amendment author DEBTOR authonizing this Amendment | any |
| AMENDMENT (COLLA Describe collateral del del del del del del del del del de | ORGANIZATION DEBTOR TERAL CHANGE eted or added, ad | check only <u>one</u> box. or give entire ☐ restated column of the first one | N 7f. JURISDICTION | cribe collateral assignment assignor, if this is an Assignor, if this is an Assignor, | ned: | any N |