

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



201111280021  
Skagit County Auditor

11/28/2011 Page 1 of 1 8:49AM

**A. NAME & PHONE OF CONTACT AT FILER** [optional]  
Corporation Service Company 1-800-858-5294

**B. SEND ACKNOWLEDGMENT TO:** (Name and Address)  
62552248 - 305020  
Corporation Service Company  
801 Adlai Stevenson Drive  
Springfield, IL 62703-4261

Filed In: Washington Skagit

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
200704050030 4/5/2007

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 9a or 9b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME Bunnies by the Bay, Inc.

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME BUNNIES BY THE BAY, INC.

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

7c. MAILING ADDRESS PO BOX 1630

|                |          |                        |             |
|----------------|----------|------------------------|-------------|
| CITY ANACORTES | STATE WA | POSTAL CODE 98221-6630 | COUNTRY USA |
|----------------|----------|------------------------|-------------|

|                      |                                   |                              |                                     |   |                               |
|----------------------|-----------------------------------|------------------------------|-------------------------------------|---|-------------------------------|
| 7d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION INC | 7f. JURISDICTION OF ORGANIZATION WA | 7g. ORGANIZATIONAL ID #, if any 601051690 | <input type="checkbox"/> NONE |
|----------------------|-----------------------------------|------------------------------|-------------------------------------|---|-------------------------------|

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

DEBTOR: BUNNIES BY THE BAY, INC.  
PARCEL P122313 TAX ID 48450000240000  
TILLINGHAST-DALAN ESTATES, LOT 24, ACRES 0.23 AF #200410290108, BEING A PORTION OF BLOCK "D"

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME Whidbey Island Bank

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

10. OPTIONAL FILER REFERENCE DATA BUNNIES BY THE BAY / SBA XXXXX0399

62552248