CC FINANCING STATEMENT AMEND LLOW INSTRUCTIONS (front and back) CAREFULLY	MENT	) Maka Hon da	Najvara ildi arak i	KAN TONE IYA GAN GON GUN GUN KAN	
A. NAME & PHONE OF CONTACT AT FILER [optional]		T I TANKA TAK ARKIN KAR KAR KAR BAK			
Guardian NW Title (360) 293-5423		2.0	1202	030050	
SEND ACKNOWLEDGMENT TO: (Name and Address)				nty Auditor	
Guardian NW Title		4/3/2012 F	age	1 of 1	4:05PM
3202 Commercial Avenue	İ				
Anacortes, WA 98221					
		GUARD	AN NO	RTHWEST TITLER FILLING OFFICE US	E CO.
INITIAL FINANCING STATEMENT FILE #	V	- 1		FINANCING STATEMEN	
00701190081	\ \{\bar{\chi}_{\chi}\}	A162874		e filed [for record] (or reco AL ESTATE RECORDS.	orded) in the
TERMINATION: Effectiveness of the Financing Statement identifi	4.2 <u></u> 23				
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	ntified above with respect to se	ecurity interest(s) of the Secure	d Party autho	orizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee i	in item 7c; and also give name o	f assignor in	item 9,	
AMENDMENT (PARTY INFORMATION): This Amendment affect		d Party of record. Check only p			
Also check one of the following three boxes <u>and</u> provide appropriate infor					
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.		e: Give record name in item 6a or 6b,	ADD r	name: Complete item 7a or 7 omplete items 7e-7g (if appli	b, and also item /c; cable).
CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME]					
Wells Fargo Bank, National Associat	ion \				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	James C.	MIDDLE	NAME	SUFFIX
<u> </u>					
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME		Samuel Committee and the same			
75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	ì				
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS   ADD'L INFO RE   76. TYPE OF ORGANIZ	ATION 75 UPISDICTIO	N OF ORGANIZATION	Za ORG	ANIZATIONAL ID#, if any	<u></u>
ORGANIZATION DEBTOR	ATION IN SURICIONE	NOT CHOMILE WAS A			Non
AMENDMENT (COLLATERAL CHANGE): check only one box.		_		e e	
Describe collateral deleted or added, or give entire restat	ed collateral description, or de	escribe collateral assigned	ا بين بور العمل الما		
ot 94, "PLAT OF SAN JUAN PASSAGE, PH	ASE 1", as recorded	l under Auditor's Fi	le No. 20	0811260099. rec	ords of
kagit County, Washington. (P128112)					
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NAME OF SECURED PARTY OF RECORD AUTHORIZING					d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination				s an Amendment authorize orizing this Amendment	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME	authorized by a Debtor, check h				d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check h			orizing this Amendment	d by a Debtor which