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## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional]

Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 8417 WELLBBG-CALIFOR

CT Lien Solutions 33499670

P.O. Box 29071 WAWA

FIXTURE

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elegit County Auditor	

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	STATEMENT FILE # 05/07/08 CC WA Skagit	to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.
X TERMINATION:	Effectiveness of the Financing Statement identifier	d above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

2. X TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s) of	the Secured Party authorizing this Termin	ation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to the security interest(s) of the Secur	ed Party authorizing this Continuation Stat	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in 7c; and also give	name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects 🕝 De	btor or Secured Party of record. Check only o	one of these two boxes.	<del></del>
Also check one of the following three boxes and provide appropriate info  CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record na	Me ADD name: Complete item 7a item 7c; also complete items 7	
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME SKYLINE MARINE OWNERS ASSOCIATION CONDO	. ₹ #17		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f, JURISDICTION OF ORGANIZATION	7g ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral Description: BEGINNING AT THE SOUTHEAST COVOLUME 9 OF PLATS, PAGES 96 AND 97, RECORDS (	teral description, or describe collateral assign	원 이 경기 내가 되었다.	DED IN

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		RIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and ente		
ΛP	9 <sub>8</sub> . ORGANIZATION'S NAME Wells Fargo Bank, N.A.		-	
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

33499670 Debtor Name: SKYLINE MARINE OWNERS ASSOCIATION CONDO #17 8177064971-34

	C FINANCING STATEMENT AMENDMEN	T ADDENDUM
11.	INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amen 0805070082 05/07/08 CC WA Skagit	dment form)
12. 1	NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Ame 12a. ORGANIZATION'S NAME Wells Fargo Bank, N.A.	ndment form)
OR	12b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional information	

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Description: All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) Real Property Address: 2201 Skyline Wy, Anacortes, WA 98221 Legal Description: See Exhibit A Parcel: P32472

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