CC FINANCING STATEMENT AMEN	DMENT			
NAME & PHONE OF CONTACT AT FILER (optional)		1	20130814009	2
Guardian Northwest Title		_	County Auditor	\$72.0
. E-MAIL CONTACT AT FILER (optional)		8/14/2	2013 Page 1 of	1 3:30PI
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Guardian Northwest Title 3202 Commercial Avenue Anacortes, WA 98221	٦			
		THE ABOVE	SPACE IS FOR FILING OFFICE US	EONLY
. INITIAL FINANCING STATEMENT FILE NUMBER 01202270080 2/27/12		1b. This FINANCING ST (or recorded) in the	ATEMENT AMENDMENT is to be filed if REAL ESTATE RECORDS and Addendum (Form UCC3Ad) and provide De	for record]
TERMINATION: Effectiveness of the Financing Statement i	dentified above is terminated v			
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indice			ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemer continued for the additional period provided by applicable law	nt identified above with respect	to the security interest(s) of	f Secured Party authorizing this Continu	ation Statement is
PARTY INFORMATION CHANGE:				
<del></del>	ND Check one of these three be		D. come: Complete item DELETE com	o: Cive record parts
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete AL 7a or 7b <u>and</u> item 7c 7a	D name: Complete item DELETE nam or 7b, and item 7c to be deleted	e: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change provide only			
ISO OPCANIZATION'S NAME	Office of the Charles	one name (6a or 6b)		
6a. ORGANIZATION'S NAME	Otheron Change Provide Only	one name (6a or 6b)		
	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment	FIRST PERSON	IAL NAME		
66 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME	FIRST PERSON	IAL NAME		
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME	FIRST PERSON	IAL NAME		
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	FIRST PERSON	IAL NAME		nt of the Debtor's name)
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PERSON	IAL NAME		nt of the Debtor's name)
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PERSON tor Party information Change - provide	IAL NAME	t. full name; do not omit, modify, or abbreviate any pa	suffix
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four box indicate collateral:	FIRST PERSON tor Party information Change - provide	IAL NAME  Only one name (7a or 7b) (use exac	t, full name; do not omit, modify, or abbreviate any pa	SUFFIX COUNTRY
6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four box	FIRST PERSON tor Party information Change - provide	IAL NAME  Only one name (7a or 7b) (use exac	t, full name; do not omit, modify, or abbreviate any pa	SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four box indicate collateral:  Init #104 of Building 1, "Fidalgo Business Pa	FIRST PERSON tor Party information Change - provide	IAL NAME  Only one name (7a or 7b) (use exac	t, full name; do not omit, modify, or abbreviate any pa	SUFFIX COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four box indicate collateral:  Init #104 of Building 1, "Fidalgo Business Part 129870  NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here	FIRST PERSON  tor Party information Change - provide  CITY  ee: ADD collateral  rk Condominium"	DELETE collateral	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collatera
CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four box indicate collateral:  Init #104 of Building 1, "Fidalgo Business Part 129870  NAME OF SECURED PARTY OF RECORD AUTHORIZ	FIRST PERSON  tor Party information Change - provide  CITY  Tes: ADD collateral  ING THIS AMENDMENT: F	DELETE collateral	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collatera

66794592

10. OPTIONAL FILER REFERENCE DATA:

Debtor: Fidalgo Storage, LLC - UB #2779104087-1