



Skagit County Auditor

\$72.00

12/8/2014 Page

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1 11:47AM

UCC FINANCING STATEMENT AMENDMENT

FOLLOWINSTE		• 1			
	ONE OF CONTACT AT FILER (optional) On Service Company 1-800-858-5294	1			
	on Service Company 1-800-858-5294 AGT AT SILER (optional)		4		
	@cscinfo.com				
C. SEND ACKN	OWLEDGMENT TO: (Name and Address)		1		
94011619					
•	n Service Company				
Springfield		Washington			
		(Skagit)			
4- 1447141 511144				ACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201003220183 03/22/2010			1b. This FINANCING STATEMENT AMENDMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS Filer. attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13		
2. TERMINA Statement	TION: Effectiveness of the Financing Statement identified about	ove is terminated	with respect to the security inte	rest(s) of Secured Party authorizing this	Termination
3. ASSIGNN For partial	ENT (full or partial): Provide name of Assignee in item 7a or assignment, complete items 7 and 9 <u>and</u> also indicate affected	75, <u>and</u> address o collateral in item	of Assignee in item 7c <u>and</u> name 8	e of Assignor in item 9	
	ATION: Effectiveness of the Financing Statement trentified or the additional period provided by applicable law	above with respec	t to the security interest(s) of S	ecured Party authorizing this Continuati	on Statement is
5. PARTY IN	FORMATION CHANGE:				
Check one of th		ne of these three b		ame: Complete item DELETE name:	Give record name
		Y ₁₀ 2 ₀		ame: Complete item DELETE name: /b, and item 7c DELETE name: to be deleted in	Give record name item 6a or 6b
	ECORD INFORMATION: Complete for Party Information Cha ATION'S NAMEPAWAR ANACO BAY LLC	ange - provide only	OTE name (6a or 6b)	· · · · · · · · · · · · · · · · · · ·	
OR OF INDIVIDUAL		and the little state of			
66. INDIVIDU	AL'S SURNAME	FIRST PERSO	VAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED O	R ADDED INFORMATION: Complete for Assignment or Party Inform	ation Change - provide	only one name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any part of	if the Debtor's name)
7a. ORGANIZ	ATION'S NAME				
OR 7b. INDIVIDU	AL'S SURNAME	•			
INDIVIDU	AL'S FIRST PERSONAL NAMÉ			Programme of the contract of t	
INDIVIDIT	AL'S ADDITIONAL NAME(S)/INITIAL(S)			<u> </u>	SUFFIX
individe.	ALS ABSTRUMENT MATERIAL MATERIA				John
7c. MAILING ADD	RESS	CITY	The Company of the Sales	STATE POSTAL CODE	COUNTRY
8. COLLATE	RAL CHANGE: Also check one of these four boxes:	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate col					
	_				
	CURED PARTY OF RECORD AUTHORIZING THIS A			(name of Assignor, if this is an Assignment	enti /
		name of authorizi	ng Debtor		
Ja. Ortoriviz	ATION'S NAMEREGAL FINANCIAL BANK				
OR 9b. INDIVIDU	AL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
					The state of the s
10. OPTIONAL F	ILER REFERENCE DATA: Debtor; PAWAR ANA	CO BAY LL	C-1010010736		94011619