



**Skagit County Auditor** 

\$73.00

9/30/2016 Page

1 of

1 8:38AM

UCC FINANCING STATEMENT AMENDMENT

OFFC	lV}r ∣	NS™	くしく湿	TONS
		-	A STATE OF THE PARTY OF THE PAR	approved to

A. NAME & PHONE OF CONTACT AT FILER [optional]

Diana Norberg

(509) 327-9634

B. E-MAIL CONTACT AT FILER (aptional)

dianan@upfservices.com

C. SEND ACKNOWLEDGMENT TO (Name and Address)

**UPF Services** 

12410 E. Mirabeau Parkway, Ste 100

Spokane Valley, WA 99216

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed (for record)

1a INITIAL FINANCING STATEMENT FILE NUMBER

201406090075 Filed 6/9/2014

Filer: attach Amendment Addendum (Form UCC3Ad) 2. 🗸 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination

ASSIGNMENT (full or partial): Provide name of assignee in tem 7a or 7b and address of Assignee in item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and, also radicate affected collaboration item 8

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

PARTY INFORMATION CHANGE:

Check one of these two boxes:

This Change affects

AND check ene of these three boxes to:

CHANGE name and/or address: Complete

ADD name. Complete item 7a or 7b. and item 7c

(or recorded) in the REAL ESTATE RECORDS

DELETE name. Give record name to be deleted in item 6a or 6b.

Debtor og Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 6, CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one flam (6a or 6b)

6a. ORGANIZATION'S NAME

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

STAMEY

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one flame in a 20 flue exact full name; do not omit, modify or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME

CHRIS

76 INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAI (S

SUFFIX

7c MAILING ADDRESS

Indicate collateral:

CITY

STATE POSTAL CODE COUNTRY USA

COLLATERAL CHANGE: Also check one of these four boxes.

ADD collateral

DELETE collateral

MESTATE covered Colleteral

ASSIGN collateral

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. Provide only one name (9a or 9b) (name of Assignor of this is as Assignor).

If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor 9a ORGANIZATION'S NAME

Puget Sound Cooperative Credit Union

96. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST NAME

ADDITIONAL NAME(S)/INITIAL(S)

10. OPTIONAL FILER REFERENCE DATA UPF Tracking #3440430-33016

Loan #

SBA Loan #