



\$73,00

Skagit County Auditor

1 8:56AM UCE FINANCING STATEMENT AMENDMENT 5/2/2017 Page FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1304 81429 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 201405160037 05/16/2014 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 📝 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 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 indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement signification between the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes CHANGE name and/or address; Complete item 6a or 6b; and item 7a or 7b and item 7c DELETÉ name: Give record name to be deleted in item 6a or 6b ADD name: Complete item 7a or 7b, and item 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 65. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only rate name (7a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY 7c. MAILING ADDRESS STATE CITY RESTATE covered collateral ASSIGN collateral ADD collateral DELETE collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignorent) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME 1st Security Bank of Washington ADDITIONAL NAME(S)/INITIAL(S) 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX

1304 81429

10. OPTIONAL FILER REFERENCE DATA: Debtor: Hill, Gregory A. - 5150724380