



Skagit County Auditor 7/24/2017 Page

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## UCC FINANCING STATEMENT AMENDMENT

FOLLOWINSTRUCTIONS	<b>4</b> I		
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@escinfo.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>		
1338 84982 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:	Washington		
	(Skagit)		
		SPACE IS FOR FILING OFFICE L	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200708210037 08/21/2007	(or recorded) in the	TATEMENT AMENDMENT is to be filer REAL ESTATE RECORDS Bent Addendum (Form UCC3Ad) <u>and</u> provide	•
TERMINATION: Effectiveness of the Financing Statement identified about Statement	ove is terminated with respect to the security	interest(s) of Secured Party authorizing	g this Termination
ASSIGNMENT (full or partial): Provide name of Assignee witten 7a or. For partial assignment, complete items 7 and 9 and also educate affected.		name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to the security interest(s)	of Secured Party authorizing this Conti	nuation Statement is
5. PARTY INFORMATION CHANGE:			·
	ne of these three boxes to: NGE name and/or address: CompleteA	DD name: Complete item ہے DELETE na	ame: Give record name
This Change affects Debtor or Secured Party of record item	6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	a or 7b, and item 7c to be delete	ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha 6a. ORGANIZATION'S NAMEMOUNT VERNON CHRISTIAN			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform         7a. ORGANIZATION'S NAME     </li> </ol>	ation Change - provide only one name (7a or 7b) (use exa	ct, full name; do not omit, modify, or abbreviate any	y part of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME	\\//		
75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
	Haracan and the state of the st	<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Also	DD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS		or 9b) (name of Assignor, if this is an Assi	ignovent)
If this is an Amendment authorized by a DEBTOR, check here and provide 9a. ORGANIZATION'S NAMESKAGIT BANK	e name of authorizing Debtor		
OR 95. INDIVIDUAL'S SURNAME	TFIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S)  SUFFIX
30. INDITIONE O SUNIVABLE			
10. OPTIONAL FILER REFERENCE DATA: Debtor: MOUNT VER	NON CHRISTIAN SCHOOL		1338 84982