



Skagit County Auditor 10/19/2017 Page

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\$74.00 1 10:05AM

## UCE FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	•			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		7		
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfc.com		1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
1374 07379 Corporation Service Company				
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: W.	_	}		
	(Skagit)	THE ABOVE SDA	CE IS FOR FILING OFFICE USE (	OMI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATES	MENT AMENDMENT is to be filed [for	
201306240108 06/24/2013		(or recorded) in the REAL Filer: attach Amendment Add	ESTATE RECORDS lendum (Form UCC3Ad) and provide Debto	r's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated v	with respect to the security interes	t(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assign e in item 7a or 7b,     For partial assignment, complete items 7 and 9 and also indicate affected co			f Assignor in Item 9	
CONTINUATION: Effectiveness of the Financing Statement Identified abord continued for the additional period provided by applicable law	we with respect	t to the security interest(s) of Secu	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:  AND Check one Change	of these three b	oxes to: address; CompleteADD nam	e: Complete itemDELETE name:	Give record name
<del></del>	**************************************		e: Complete item DELETE name: and item 7c	Give record name tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Charge     6a. ORGANIZATION'S NAME	e -grovide only	OIL (allie (oa or eo)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SELVIDGE	JAMES		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide	orsy <u>cree</u> name (7a or 7b) (use exact, full na	ne; do not amit, modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S SURNAMÉ				
INDIVIDUAL'S FIRST PERSONAL NAME			<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	ESTATE covered collateral A	ASSIGN collateral
Indicate collateral:	'			
				v <sup>2</sup>
				<u> </u>
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			ame of Assignor, if this is an Assignme	nty /
If this is an Amendment authorized by a DEBTOR, check here and provide na 9a. ORGANIZATION'S NAMESKAGIT BANK	ame of authorizing	ng Debtor		
ONDOLL DUM			<u> </u>	
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: JAMES SELVID	)GE			1374 07379