

**Skagit County Auditor** 10/27/2017 Page

\$75.00 2 8:44AM 1 of

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Nick Barzellone 405-236-0003 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address)

UCC FINANCING STATEMENT AMENDMENT

McCoy & Orta, P.C.	<del>-  </del>		
100 North Broadway, 26th Floor	' [		
Oklahoma City, OK 73102			
Chianoma City, Ok 7,5102			
	<b>┛</b> ┃ "	HE ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201706230079 filed 6/23/17	1b. ✓ This FI (or rect Filer: <u>att</u>	NANCING STATEMENT AMENDMENT is to be fi orded) in the REAL ESTATE RECORDS (ach Amendment Addendum (Form UCC3Ad) and provi	ited [for record] ide Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement agent     Statement	ified above is terminated with respect to	the security interest(s) of Secured Party authoriz	ing this Termination
3. ASSIGNMENT (TUD) or partial): Provide name of Assignment for partial assignment, complete items 7 and 9 and also indicate	m 7a or 7b, <u>and</u> address of Assignee in it affected collateral in item 8	em 7c <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identification of the additional period provided by applicable law.	stiffied above with respect to the security	interest(s) of Secured Party authorizing this Col	ntinuation Statement is
5. PARTY INFORMATION CHANGE:		<del></del>	
Officer of these (wo boxes).	Check one of these three boxes to:  CHANGE name and/or address: Complete	eteADD name: Complete itemDELETE	name: Give record name
This Change affects Debtor of Secured Party of record	item 6a or 6b; and item 7a or 7b and item	n 7c7a or 7b, <u>and</u> item 7cto be del	leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Informs 6a. ORGANIZATION'S NAME	ition Change - provide only one name (6a o	r 6b)	
OR 6b. INDIVIDUAL'S SURNAME	FIRST FERSONAL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX
_			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - provide act, sine name (7a o	or 7b) tase exact, full name, do not omit, modify, or abbreviate	any part of the Debtor's name)
7a. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOC	NATION AS TOUSTEE*		
OR 75. INDIVIDUAL'S SURNAME	ALION, AS TRUSTEL		
INDIVIDUAL'S FIRST PERSONAL NAME		(()	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7c. MAILING ADDRESS	CITY	STATE COSTAL CODE	COUNTRY
9062 Old Annapolis Road	Columbia	MD 21045	USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE co	llateral RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
* FOR THE BENEFIT OF THE REGISTERED H			2017-C2,
COMMERCIAL MORTGAGE PASS-THROUGH	I CERTIFICATES, SERIES	2017-C2	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only page name (9a or 9b) (name of Assignor, if this is an Assignor, if this If this is an Amendment authorized by a DEBTOR, check here \_\_\_ and provide name of authorizing Debtor UBS AG, by and through its branch office at 1285 Avenue of the Americas, New York, New York OR 96. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA:

Skagit Valley Reference No.: 1657.053 FILE WITH SKAGIT COUNTY, WA

11 WITH SHANOSO STATEMENT ST			
11 NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 201706230979 filed 6/23/17	mendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 c	on Amendment form		
UBS AG, by and through its branch office at 1285			
Avenue of the Americas, New York, New York			
OR 126. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX TH	E ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
<ol> <li>Name of DEBTOR on related financing statement warms of a current Debt one Debtor name (13a or 13b) (use exact, full name, do not craft, modify, or abbre</li> </ol>	for of record required for indexing ourse	ses only in some filing offices - see Instruction item	
13a. ORGANIZATION'S NAME B33 SKAGIT VALLEY LLC	oriate any part of the Booker of Harriey, St	S moradiana i mame decembra	
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX