

UCO FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 \$74.00 **Skagit County Auditor** B. E-MAIL CONTACT AT FILER (optional) 1 11:16AM 1 of 10/30/2017 Page SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1379 87828 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) [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 (or recorded) in the REAL ESTATE RECORDS 200712260012 12/26/2007 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identifies 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 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 incitate affected collaboral in item 8 4. ONTINUATION: Effectiveness of the Financing Statement identified 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 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete define factor of the DELETE name: Give record name to be deleted in item 6a or 6b 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 NAMET & W BRAZAS INC OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide Carly eace name (7a or 7b) (USS exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY USA ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collatera! 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one (9a or 9b) (name of Assignor, if this is an Assignor) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 98. ORGANIZATION'S NAMESKAGIT BANK

FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor: T & W BRAZAS INC

OR 96. INDIVIDUAL'S SURNAME

1379 87828

ADDITIONAL NAME(\$)/INITIAL(\$)