201807120006 07/12/2018 10:15 AM Pages: 1 of 2 Fees: \$100.00

FOLLOW INSTRUCTIONS	MENI				
A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
1489 31265	\neg				
csc	1				
801 Adlai Stevenson Drive Springfield, IL 62703					
FI	led In: Washington (Skagit) [
	• ===	THE ABOVE SI	PACE IS FOR FILING	OFFICE USE C	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201103250069 03/25/2011			TEMENT AMENDMENT IS FAL ESTATE RÉCORDS Addendum (Form UCC3Ad) (
2. TERMINATION: Effectiveness of the Financing Statement identification.	ified above is terminated v	with respect to the security inte	erest(s) of Secured Party	euthorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in ite. For partial assignment, complete items 7 and 9 and also indicate	m 7a or 7b, <u>and</u> address o	f Assignee in Item 7c <u>and</u> nam 3	e of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	entified above with respect	to the security interest(s) of S	secured Party authorizing	this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:		 -	_		
	Check one of these three bo				
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7		name: Complete item 7b, <u>and</u> item 7c	DELETE name: C to be deleted in its	Give record name em 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information: Ga. ORGANIZATION'S NAMEPhoenix Recovery Service		one name (6a or 6b)			
OD					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S	3)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P.	arty Information Change - provide	nnly one name (7a or 7h) (use exact fri	I name: do not omit modify or a	hhmiste anv nart of	the Dobtor's name)
7a. ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23.01.2.0 D.y port of	
OR 7b. INDIVIDUAL'S SURNAME					
70. INDIVIDUAL 5 SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL C	ODE	COUNTRY
8 COLLATERAL CHANGE: Also check one of these four houses:		DELETE CONTROL OF]		201011
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE covered colla	teral A:	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING) (name of Assignor, if this	is an Assignmen	it)
If this is an Amendment authorized by a DEBTOR, check here and and ga. ORGANIZATION'S NAMEWashington Federal	I provide name of authorizing	ng Debtor			
OR 9b, INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S	S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Phoenix	Recovery Service	es, LLC	1		4400.04000
	,	-			1489 31265

FOLLOWINSTRUCTIONS	11 ADDEND	CIAI				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201103250069 03/25/2011						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form						
12a. ORGANIZATION'S NAME						
Washington Federal		_				
OR 12b. INDIVIDUAL'S SURNAME						
CIPOT DEDDOUGLANGE						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)						
		THE ABOVE	SPACE IS FOR FILING OFFICE L	JSE ONLY		
 Name of DEBTOR on related financing statement (Name of a current De one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abt 				13): Provide only		
13a. ORGANIZATION'S NAME		,,				
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):						
			ì			
15. This FINANCING STATEMENT AMENDMENT:	17, De	scription of real estate;	1/4 of NE /4, 17-34-4 E W			
covers timber to be cut covers as-extracted collateral is filed	as a fixture fiting	. Legai: Ptn Svv	1/4 Of NE /4, 17-34-4 E V	V.IVI.		
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Phoenix Recovery Services, LLC	Tax	ax Parcel: 340417-0-189-0000				
1601 College Way #A						
Mount Vernon, WA 98273			any of the foregoing is or	wned now		
			quired later; all accessories, additions, ements and substitutions relating to any of the			
			s of any kind relating to a			
			ds relating to any of the f			
		luding insurance, ceeds).	, general intangibles and	account		
	pioi	ecus).				
18. MISCELLANEOUS:			-			