

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 55302 - Launch Servicing, <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</td> <td style="width: 50%; text-align: center;">93647851 WAWA FIXTURE</td> </tr> </table>		Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	93647851 WAWA FIXTURE
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	93647851 WAWA FIXTURE		
File with: Skagit, WA			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 202211290010 11/29/2022 CC WA Skagit	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. 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 indicate affected collateral in item 8

4. CONTINUATION: 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:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects Debtor or Secured Party of record

CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

ADD name: Complete item 7a or 7b, and item 7c

DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME Cross River Bank	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 only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME Solis Quantum Loan Trust 2023-1 c/o U.S. Bank Trust National Association ATTN: Corporate Trust Administration - Solis Quantum Loan Trust 2023-1	OR		
7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX

7c. MAILING ADDRESS Delle Donne Corporate Center Mail Code - EX-DE-WD2D, 1011 Centre Road, Suite 203	CITY Wilmington	STATE DE	POSTAL CODE 10805	COUNTRY USA
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

APN: 40080000160006

Abbreviated Legal Description: THAT PORTION OF TRACT E PLAT OF SKAGIT BEACH NO. 1 AS PER PLAT RECORDED IN VOLUME 8 OF PLATS PAGE 71 RECORDS OF SKAGI

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME Cross River Bank	OR		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: BARRAZA, ANGELINA M
93647851 LoanID 381966

LenderCode NYL001



UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202211290010 11/29/2022 CC WA Skagit	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME Cross River Bank	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME BARRAZA	FIRST PERSONAL NAME ANGELINA	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:
BARRAZA, ANGELINA M - 14941 CHANNEL DR , LA CONNER, WA 98257

Secured Party Name and Address:
Solis Quantum Loan Trust 2023-1 c/o U.S. Bank Trust National Association ATTN: Corporate Trust Administration - Solis Quantum Loan Trust 2023-1 - Delle Donne Corporate Center Mail Code - EX-DE-WD2D 1011 Centre Road, Suite 203, Wilmington, DE 10805



15. This FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing	17. Description of real estate: Legal Description (DR19) THAT PORTION OF TRACT E PLAT OF SKAGIT BEACH NO. 1 AS PER PLAT RECORDED IN VOLUME 8 OF PLATS PAGE 71 RECORDS OF SKAGI APN 40080000160006 County: SKAGIT Lot: 12 Section: 3.42e+15 [See Exhibit for Real Estate]
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	

18. MISCELLANEOUS: 93647851-WA-57 55302 - Launch Servicing, LL Cross River Bank File with: Skagit, WA LoanID 381966 LenderCode NYL001

Debtor: BARRAZA, ANGELINA, M

Exhibit for Real Estate

17. Description of real estate: Continued

Parcel ID:
40080000160006

