COPY 1 - FILING OFFICE

PLEASE TYPE FORM — IF. This UCC-3 CHANGE STATEMENT is presented for fring pursuant to the Washington Unificens chapter 6013 RCW.	AN ERROR IS MADE, CORR ora Consinercial Code, chapter 62A	ECT ALL COPIES 19. Crop Iren filings, chapter 6011 and Processor and Preparer
1. DEBTORISI (see instruction #2) Debtor 517-40-1034 DBUSINESS (fegal business name and address) Fill Debtor 2	2 FOR OFFICE USE ONLY	– DO NOT WRITE IN THIS BOX
WOODFALL, JUDITH A. SSN MPO.3OR Evergreen Drive FEIN P. O. Box 170		EILE SKAH BY Z
North Bonneville, WA 98639		Rich / BEG
113231		KIND THE RESERVE
TRADE NAME, DBA, AKA: dba Solder-Craft	BOOK 128 I	PAGE 35 STEEL STEEL
3. SECURED PARTY(IES) (name and address)	4.	ASSIGNEE IS OF SECURED PARTY(IES) of applicable (name and address)
		N M
First Independent Bank		Registered)
Loan Service Center P. O. Box 8904		Indirect
Vancouver, WA 98668-8904		Filmed 4/4/92
	to Deliver of Lines of Lines	
5. This change statement effects the original filing statement recorded with t Original filing number		
 FEES: A \$7.00 filing fee is required for each action checked in box 7, excepthe filing fee for each action shall be \$14.00. NUMBER OF ADDITIONAL SHEET(S) ATTACHED. 	ot termination which requires in	o tee. It adoptional sheets are attached for any of the actions,
7. Please check one or more of the following actions: (CONTINUATION: The original financing statement between the De	brode) and Secured Partylins).	hearing file number shown in how 5 to still effective
FULL ASSIGNMENT. All of the Secured Party's rights under the fin		
whose name(s) and address(es) appear in box 4. PARTIAL ASSIGNMENT. The Secured Party's rights under the finan	ving statement bearing file me	Thes shown in box 5, to the property described in box 8, bave
been assigned to the Assignee(s) whose name(s) and address(es)	appear in box 4.	
AMENDMENT. Financing statement bearing file number shown in		
PARTIAL RELEASE. Secured Party releases the collateral described TERMINATION. Secured Partylies no longer claims a security into		
DESCRIPTION of partial assignment, amendment or partial release: (Attack	h additional 81/2" x 11" sheet(s	if needed I
	_	
	~ (
9. DEBTOR HAME(S) AND SIGNATURE(S)		Y NAME(S) AND SIGNATURE(S)
Judith A. Woodfall First Independent Bank		
TYPE NAME(S) OF DEBTOR(S) AS IT APPEARS IN BOX 1	TYPE NAME(S) UF S	SECURED PARTY(IES) AS IT APPEARS IN BOX 3 OR 4
	Sende	1 Surly 166
SIGNATURE(S) OF DEBTOR(S)	SIGNATUREIS) OF S	ECURED PARTYHES Operations Support Officer
CICALATURE (C) OF DERITORIC	SIGNATURE(S) OF S	SECURED PARTY(SES)
SIGNATURE(S) OF DEBTOR(S) 13. RETURN ACKNOWLEDGMENT COPY TO:	3 SIGNATORICATION OF S	12. FILE WITH:
		UNIFORM COMMERCIAL CODE
First Independent Bank		DEPARTMENT OF LICENSING
Loan Service Center		P.O. BOX 9860 OLYMPIA, WA 98504 8007
P. 0. Box 8904		MAKE CHECKS PAYABLE TO THE
Vancouver, WA 98668-8904	1	DEPARTMENT OF LICENSING 13. FOR OFFICE USE ONLY:
		Images To Be Filmed
		FORM APPROVED FOR USE IN THE STATE OF WASHINGTON (R-10-89)
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