AFN #2010177380 Recorded 12/30/10 at 03:38 PM DocType: UCCTERM Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

CC FINANCING STATEMENT AMEND	MENT		
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
LOAN SERVICING 800-775-8015 SEND ACKNOWLEDGMENT TO: (Name and Address)			
	-		
FIRST MUTUAL BANK			
PO BOX 34108			k.
SEATTLE, WA 98124-118		• (/\ \	•
ľ	ı	'A * / P	
<u> </u>	THE	ABOVE SPACE IS FOR FILING OFFICE USE ON	ILY
#NITIAL FINANCING STATEMENT FILE # 2007167391 08/24/2007		1b. This FINANCING STATEMENT AM	ENOME
TERMINATION: Effectiveness of the Financing Statement Identifie	d above is terminated with respect to security inter	REAL ESTATE RECORDS. rest(s) of the Sebured Party authorizing this Termination S	talemen
CONTINUATION: Effectiveness of the Financing Statement idea	والمراجع والفائد والمراجع والمراجع الفراط والمراجع		
Continued for the additional period provided by applicable law. ASSIGNMENT (total or partial): Give name of assignee in them 7a or	r. Th and address of projence in your 7m and w	olar name of parlaces in Jan. 1	
AMENDMENT (PARTY INFORMATION): This amendment affect		give name of zeeignor in item 9. Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate infor	nation in stems 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6s hame (if name change) in item 7s or 7b and/or new address (if address	or 6b; also give new DELETE name: Give s change) in item 7c. La be deleted in item	a record name ADD name: Complete from 7a or 7 8a or 6b. ADD name: Complete items 7d-7p	b, and a (if appli
CURRENT RECORD INFORMATION: [5a. ORGANIZATION'S NAME			
	# 1 " ·	- N	
Ob. INDIVIDUAL'S LAST NAME	FIRST NAME	MIODLE NAME	SUFFIX
BANASZEK	DARCY & KIRA		
CHANGED (NEW) OR ADDED INFORMATION:			
		~ 1 /	
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	aty	STATE POSTAL CODE	COLINTE
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTE
MAILING ADDRESS TAXID #: SSN OR EIN ADDIL INFO RE 76. TYPE OF ORGANIZA		70.	COUNTE
MAILING ADDRESS TAX ID #: SSN OR EIN ADDL INFO RE 76, TYPE OF ORGANIZATION DEBTOR			COUNTR
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAX ID #: SSN OR EIN ADDL INFO RE 76, TYPE OF ORGANIZATION DEBTOR	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76, TYPEOF ORGANIZATION DEBTOR AMENDIMENT (COLLATERAL CHANGE): check only one box	YON 71. JURISOIGTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #. W any	
MAILING ADDRESS TAXID #: SSN OR EIN ADDIL INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Packing collateral detelor or added, or give entire restated	71. JURISDICTION OF ORGANIZATIO	7q. ORGANIZATIONAL ID #. If Bny	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. packing collateral detelled or added, or give entire restated res	TI. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OR	7q. ORGANIZATIONAL ID #. If Bny	
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. I added, or give entire restate restate restate I added, or give entire restate restate	TI. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OR	Tq. ORGANIZATIONAL ID #, if any assigned. Assignment). If this is an Amendment authorized by a Dimo of DEBTOR authorizing this Amendment.	D eblor wi
MAILING ADDRESS TAXID #: SSN OR EIN ADDL INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. packing collateral detelled or added, or give entire restated res	TI. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OR	n Assignment). If this is an Amendment authorized by a Dime of DEBTOR authorizing this Amendment.	D eblor wi