AFN #2012181730 Recorded 10/10/2012 at 01:16 PM DocType: UCCTERM Filed by: CORPORATION SERVICE COMPANY Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

A. NAME & PHONE OF	NS (front and back)				
Corporation Servi	ce Company	1-800-858-5294			
B. SEND ACKNOWLED	GMENT TO: (Name	e and Address)			
70207494 - 3	75680				
Corporatio	n Service Con	mpany			
	Stevenson Dri	ve			
Springfield	, IL 62703				
I	F	Filed In: Washingt	on Skamania I		
<u> </u>	•		on onamania	THE ABOVE SPACE IS FOR FILING OF	FICE USE ONLY
a. INITIAL FINANCING ST				to be filed ffor recor	TATEMENT AMENDME d] (or recorded) in the
	27/2012			REAL ESTATE REC	CORDS.
				terest(s) of the Secured Party authorizing this Conti	
	itional period provided		,	(,)	
. ASSIGNMENT (ful	or partial): Give name	ne of assignee in item 7a or 7	b and address of assignee in item 7d	c; and also give name of assignor in item 9.	
•	,	: This Amendment affects		of record. Check only one of these two boxes.	. *
	-	l provide appropriate informat othedetailedinstructions	ion in items 6 and/or 7. DELETE name: Give re	ecord name	tem 7a or 7b, and also iter
in regards to changing	the name/address of a p	party.	to be deleted in item 6a	or 6b. also complete items 7e-	tem 7a or 7b, and also iter 7g (if applicable).
6a. ORGANIZATION'S				\sim	
_					
66. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
JOHNSON			ELIZABETH	ANN	
. CHANGED (NEW) OR 7a. ORGANIZATION'S		ON:	484		
, a. one, in z	747 (W.L.		C & 3		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
JOHNSON			ELIZABETH	ANN	
	08 - 310TH S	W VANCOUVER	STEVENSON	STATE POSTAL COD WA 98648	COUNT
AVE B. SEEINSTRUCTIONS	ADD'L INFO RE	7e. TYPE OF ORGANIZATION			
	ORGANIZATION DEBTOR	Individual	WA	SAMEATION I'M SAMEATION IN THE	[X
AMENDMENT (COLL); check only one box.			
			ollateral description, or describe co	ollateral assigned.	
WINDOWS, 1 DOC	R AND SIDING				-0
			4	\sim	-
NPN: 020701112901	00	N 7			
EGAL: AS DESCRI	BED IN STATUTO	ORY WARRANTY DE	ED 1979113165 BOOK 127	PAGE 878 REVORDED MARCH 27, 19	979 RECORDS C
KAMANIA COUNTY			7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			<i>"</i>		
70.			` 1		
7					
			S AMENDMENT (name of assigns	or, if this is an Assignment). If this is an Amendment	
NAME OF SECURE	PARTY OF RECO	ORD AUTHORIZING THI			
adds collateral or adds th	e authorizing Debtor, o	or if this is a Termination auth	orized by a Debtor, check here	and enter name of DEBTOR authorizing this Amend	iment.
adds collateral or adds th	e authorizing Debtor, o	DRD AUTHORIZING THI or if this is a Termination auth Irity Bank of Wash	orized by a Debtor, check here		dment.
adds collateral or adds th	e authorizing Debtor, o	or if this is a Termination auth	orized by a Debtor, check here		SUFFIX