C FINANCING STATEMENT AMENDME	NT	·	
OW INSTRUCTIONS (front and back) CAREFULLY ME & PHONE OF CONTACT AT FILER [optional]			
rporation Service Company 1-800-858-5294			
7429993 - 375680			
•			
Corporation Service Company 801 Adlai Stevenson Drive			
Springfield, IL 62703			
Filed In: Washington			
TIAL FINANCING STATEMENT FILE #	THE AB	OVE SPACE IS FOR FILING OFFICE L 1b. This FINANCING STATEM	ENT AMENDMENT
2180262 03/13/2012	*	to be filed [for record] (or re REAL ESTATE RECORDS	·
TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified a			
continued for the additional period provided by applicable law.	ndove with respect to security interest(s) of the	e Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c; and also give	e name of assignor in item 9.	i
IENDMENT (PARTY INFORMATION): This Amendment affects III beckeck one of the following three boxes and provide appropriate information i		eck only <u>one</u> of these two boxes.	-
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o also complete items 7e-7g (if ap	or 7b, and also item 7
RRENT RECORD INFORMATION:	L to be deleted in item ba or bb.	also complete items /e-/g (if ap	plicable).
a. ORGANIZATION'S NAME			
o. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ANGED (NEW) OR ADDED INFORMATION:			
a. ORGANIZATION'S NAME			
o. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<i>A V v</i>		
ILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
EINSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	ny
ORGANIZATION DEBTOR	1 .		N
ENDMENT (COLLATERAL CHANGE): check only one box.		4	
cribe collateral deleted or added, or give entire restated collat	teral description, or describe collateral	assigned.	
	-		
		/ ~	
ME OF SECURED PARTY OF RECORD AUTHORIZING THIS AF	MENDMENT (name of assignor, if this is an	Assignment). If this is an Amendment authorize	ed by a Debtor which
collateral or adds the authorizing Debtor, or if this is a Termination authorize	ed by a Debtor, check here and enter name	ne of DEBTOR authorizing this Amendment.	sy a Debioi Will
OPCANIZATION'S NAME 4-4 Commit B			
ORGANIZATION'S NAME 1st Security Bank of Washing	gton		
ORGANIZATION'S NAME 1st Security Bank of Washing	FIRST NAME	MIDDLE NAME	SUFFIX

AFN #2013000535 Recorded 03/19/2013 at 12:39 PM DocType: UCCTERM Filed by: CSC Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

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