UCC FINANCIN	G STATEMENT AMEN	DMENT			
	IS (front and back) CAREFULLY				
A. NAME & PHONE OF C	CONTACT AT FILER [optional]				
B. SEND ACKNOWLED	GMENT TO: (Name and Address)				
Salal Credi	4 Iluian				
P.O. Box 19					
Seattle, WA	A 98109				
1 1		i			
			THE ABOVE SF	PACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 2012179830				1b. This FINANCING STATEMEN to be filed [for record] (or reco	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the				REAL ESTATE RECORDS.	ion Statement.
3. CONTINUATION:	Effectiveness of the Financing Statement in tional period provided by applicable law.				
	or partial): Give name of assignee in item 7	70 or 7h and address of a simulation			
	Y INFORMATION): This Amendment af		Party of record. Check only		
Also check one of the follo	wing three boxes <u>and</u> provide appropriate in address: Please refer to the detailed instruction	formation in items 6 and/or 7.			je.
in regards to changing to	DELETE name: to be deleted in it	Give record name tern 6a or 6b.	ADD name: Complete item 7a or 7b also complete items 7e-7g (if applic	o, and also item 7c; able).	
6a. ORGANIZATION'S N					
OR 6b. INDIVIDUAL'S LAST	- NAME				
TRUELOVE		DANNIE	- (1	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR A		DAMILE		G	
7a. ORGANIZATION'S N	IAME	7.38			
76. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
4		- AL 7	. 7		OBITIA
7c. MAILING ADDRESS		CITY	•	STATE POSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANI	IZATION 7f, JURISDICTION C	DE ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR		OKOANIZATION	79. ORGANIZATIONAL ID #, II any	Пиол
	TERAL CHANGE): check only one box.		_4/	1	INON
Describe collateral del	eted or added, or give entire resta	ated collateral description, or descr	ibe collateral assigned.		
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46.			W 18		
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7					
			,		
. NAME OF SECURED	PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of as	ssignor, if this is an Assignme	ent). If this is an Amendment authorized b	y a Debtor which
9a. ORGANIZATION'S NA	authorizing Debtor, or if this is a Termination	n authorized by a Debtor, check here	and enter name of DEE	BTOR authorizing this Amendment.	
SALAL CRE 9b. INDIVIDUAL'S LAST					
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERE	NCE DATA				

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