AFN #2015001071 Recorded 06/04/2015 at 03:17 PM DocType: UCCTERM Filed by: CORPORATION SERVICE COMPANY Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA

UCC FINANCING	STATEMENT	AMENDMENT
FOLLOW INSTRUCTIONS		

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529				
• • • • • • • • • • • • • • • • • • • •	94]		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		- 		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_		
100496316 - 375680				
Corporation Service Company	ı			
801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed	In: Washington			
	(Skamania)	TUE 4 DOVE 4 DA	85 18 505 511 1110 65515-1115	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2015000371 03/09/2015		1b. This FINANCING STATEM (or recorded) in the REAL		record]
TERMINATION: Effectiveness of the Financing Statement identifies Statement	d above is terminated		lendum (Form UCC3Ad) and provide Debto st(s) of Secured Party authorizing this	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affer.	a or 7b, <u>and</u> address o	f Assignee in item 7c <u>and</u> name o B	f Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identicontinued for the additional period provided by applicable law	fied above with respec	to the security interest(s) of Sec	ured Party authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:		-		
Check <u>one</u> of these two boxes: AND Check	eck <u>one</u> of these three b			
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete item DELETE name: and item 7c DELETE name:	
CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)		
OR. CHOMILENTON'S HAND	- P.	. \ 1	*	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
HOLT	JEFF			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only one name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME			-	
INDIVIDUAL'S FIRST PERSONAL NAME	7			
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)) <u> </u>			SUFFIX
	CITY		STATE POSTAL CODE	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS	СІТҮ		STATE POSTAL CODE	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY ADD collateral	DELETE collateral R		
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS		DELETE collateral R		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral R		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: APN: 03073634080000	ADD collateral	rovide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral A	COUNTRY SSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: APN: 03073634080000	ADD collateral HIS AMENDMENT: Foovide name of authorizing	rovide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral A	COUNTRY SSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: APN: 03073634080000 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIs of this is an Amendment authorized by a DEBTOR, check here and program of the security Bank of Washing and Company of the security Ban	ADD collateral HIS AMENDMENT: Foovide name of authorizing	rovide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral A	COUNTRY SSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate colleteral: APN: 03073634080000 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe lift this is an Amendment authorized by a DEBTOR, check here and present the control of th	ADD collateral HIS AMENDMENT: Foovide name of authorizing	rovide only <u>one</u> name (9a or 9b) (n g Debtor	ESTATE covered collateral A	COUNTRY SSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: APN: 03073634080000 9. NAME of SECURED PARTY of RECORD AUTHORIZING THE of this is an Amendment authorized by a DEBTOR, check here and program of the security Bank of Washing and Company of the security Bank	ADD collateral HIS AMENDMENT: Fovide name of authorizington	rovide only <u>one</u> name (9a or 9b) (n g Debtor AL NAME	ESTATE covered collateral A	COUNTRY SSIGN collateral