

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                         |                                    |
|-------------------------------------------------------------------------|------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294    |                                    |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com        |                                    |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)                           |                                    |
| 1647 33116<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Washington<br>(Skamania) |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                           |                               |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>2018002408 12/06/2018                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |                               |             |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                           |                               |             |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                           |                               |             |
| 4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |                               |             |
| 5. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |                                                                                                                                                                                                                                           |                               |             |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |                               |             |
| 6a. ORGANIZATION'S NAME Salka, Mary                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                           |                               |             |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                               |             |
| 6b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | FIRST PERSONAL NAME                                                                                                                                                                                                                       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; 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                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                           |                               |             |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           |                               |             |
| SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           |                               |             |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | CITY                                                                                                                                                                                                                                      | STATE                         | POSTAL CODE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                           |                               | COUNTRY     |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                           |                               |             |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                           |                               |             |
| 9a. ORGANIZATION'S NAME 1st Security Bank of Washington                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                           |                               |             |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                           |                               |             |
| 9b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | FIRST PERSONAL NAME                                                                                                                                                                                                                       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor: Salka, Mary - 5151342570                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                           |                               |             |

1647 33116