Request of: eRecorded by: CSC Ingeo UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1987 22199 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skamania) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 2016001483 07/26/2016 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 📝 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b ADD name: Complete item This Change affects Debtor or Secured Party of record 7a or 7b, and item 7c 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX GORDON SMART 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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: Roof LOT 4 CARSON VALLEY II BK A/PG 155 APN: 03081730231100 72 Noble Fir Dr

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)

FIRST PERSONAL NAME

Skamania County, WA

Total: \$104.50 Pgs=2

UCCT

2020-002465

09/16/2020 11:16 AM

10. OPTIONAL FILER REFERENCE DATA: Debtor: SMART, GORDON-: 1-231798-1

If this is an Amendment authorized by a DEBTOR, check here  $\$  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME Foundation Finance Company LLC

Carson, WA 98610

9b. INDIVIDUAL'S SURNAME

1987 22199

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

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OFFICE USE ONLY
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TIAL(S) SUFFIX
ALLEY II BK A/ 1730231100 division: