Skamania County, WA Total: \$203.50 Pgs=1 UCC Request of:

eRecorded by: CSC Ingeo

**2022-001264** 06/21/2022 02:20 PM

	FINANCING STAT	EMENT AME	NDMEN	IT	!					
	E&PHONE OF CONTACT A IIE HA (360) 956-950				1					
	IL CONTACT AT FILER (opti				1			4.		
C. SEND	ACKNOWLEDGMENT TO:	(Name and Address)	)		1			- 1		
178	NISEARCH, INC W '80 BARNES BLVD S JMWATER, WA 985	W		一					٦	
E1E0	08Z	[WA] SI	KAMANIA (	COUNTY)	,	HE ABOVE SPA	ACE IS FO	R FILING OFFIC	E USE O	NLY
1a. INITIAL 201700	L FINANCING STATEMENT FILE 02568	NUMBER			☐ (or rec	orded) in the REA	L ESTATE	NDMENT is to be RECORDS m UCC3Ad) and pro		_
	RMINATION: Effectiveness of tement	f the Financing Statemen	nt identified abov	ve is terminated						
	SIGNMENT (full or partial): F					em 7c <u>and</u> name	of Assignor	in item 9		
4. 🔽 CO	NTINUATION: Effectiveness	s of the Financing Statem	nent identified at		_	interest(s) of Se	cured Party	authorizing this C	ontinuation	Statement is
6a. OF WII 6b. INI  7. CHANG 7a. OF  7b. INI	ange affects Debtor or SENT RECORD INFORMATIONS NAME  ND RIVER MARKE  IDIVIDUAL'S SURNAME  GED OR ADDED INFORMA  RGANIZATION'S NAME  IDIVIDUAL'S SURNAME  IDIVIDUAL'S SURNAME	ON: Complete for Party I	Information Char	FIRST PERSOI	one name (6a	or 6b)		NAL NAME(S)/INIT	7	SUFFIX
7c. MAILIN	NG ADDRESS		-	CITY	4		STATE	POSTAL CODE		COUNTRY
	DLLATERAL CHANGE: Also icate collateral:	check <u>one</u> of these four bo	oxes: ADI	D collateral	DELETE C	ollateral	RESTATE C	Lovered collateral	AS	I SIGN collate
If this is	OF SECURED PARTY OF an Amendment authorized by a RGANIZATION'S NAME			MENDMENT: f		name (9a or 9b)	(name of As	signor, if this is an	Assignmen	·)
If this is 9a. OF	an Amendment authorized by a				ng Debtor	name (9a or 9b)		signor, if this is an		SUFFIX