2024-000570 05/13/2024 03:18 PM

LIEN SOLUTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW Lien Solutions 98844824 P.O. Box 29071 **WAWA** Glendale, CA 91209-9071 **FIXTURE** File with: Skamania, WA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

FOLLOW INSTRUCTIONS

11b.
☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record].

2019-001053 6/25/2019 CC WA Skamania	(or recorded) in Filer: attach Ame	n the REAL ESTATE RECORDS endment Addendum (Form UCC3Ad) and provide De	ebtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated with respect to the security	rinterest(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate af		name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law	ed above with respect to the security interest(s)	of Secured Party authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record	eck <u>one</u> of these three boxes to: CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c		ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAME	hange - provide only <u>one</u> name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME OIUM	FIRST PERSONAL NAME THOMAS	ADDITIONAL NAME(S)/INITIAL(S) M.	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of Party Information (Complete for Assignment or Party Information).	mation Change - provide only <u>one</u> name (7a or 7b) (use ex	act, full name; do not omit, modify, or abbreviate any part of	f the Debtor'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. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: APN: 03-08-17-3-0-2300-00 Abbreviated Legal Description:G. & D. JARRELL SP, LT 3, B		RESTATE covered collateral	ASSIGN collateral
THIS FIXTURE FILING COVERS A ROOFING SYSTEM & IS	S TO BE RECORDED IN THE REAL E	STATE RECORDS OF SKAMANIA	COUNTY WA
COUNTY/RECORDING DISTRICT: SKAMANIA SITUS/ADDRESS: 212 JARRELL RD, CARSON, WA 98610			
9a. ORGANIZATION'S NAME	HIS AMENDMENT: Provide only one name (Sprovide name of authorizing Debtor	a or 9b) (name of Assignor, if this is an Assign	iment)
INTERLOCK INDUSTRIES, INC. OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

LOAN AMOUNT: \$27,443.16 Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

LOAN# WAWA19005-RC - CALL# 877-765-9378

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: OIUM, THOMAS M.

98844824

UCC FINANCING STATEMENT AMEND	MENT ADDENDUM	
FOLLOW INSTRUCTIONS	WENT ADDENDOM	_
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 2019-001053 6/25/2019 CC WA Skamania	1a on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	s item 9 on Amendment form	1
12a. ORGANIZATION'S NAME	12a. ORGANIZATION'S NAME	
INTERLOCK INDUSTRIES, INC.		
OR 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
		. () \
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE STORY OF A COMPANY OF THE WAY OF THE THE OWN Y
13. Name of DEBTOR on related financing statement (Name of a cur	rent Debtor of record required for indexing	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY g purposes only in some filing offices - see Instruction item 13): Provide only
one Debtor name (13a or 13b) (use exact, full name; do not omit,	, modify, or abbreviate any part of the Deb	otor's name); see Instructions if name does not fit
13a. ORGANIZATION'S NAME		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	THOMAS	M.
HERMANCE, KRISTEN M 212 JARRELL RD , CARSO Secured Party Name and Address: INTERLOCK INDUSTRIES, INC PMB 425 26910 92nd PARCEL #: 03-08-17-3-0-2300-00 CONVEYS: QUIT CLAIM DEED DOCUMENT NO: 2013001106 DATE RECORDED: 5/22/2013 LEGAL: THE FOLLOWING DESCRIBED PROPERTY INLOT 3, G. & D. JARRELL SHORT PLAT, RECORDED IN STATE OF WASHINGTON. ABBREVIATED LEGAL: G. & D. JARRELL SP, LT 3, BK	Avenue Northwest C-5, Stanwoo SKAMANIA COUNTY, WASHINI BOOK 3, PAGE 321, SHORT PI	GTON: LAT RECORDS, IN THE COUNTY OF SKAMANIA AND
covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): THOMAS M. OIUM	SITUS 98610 DOCU DATE	NTY: SKAMANIA S: 212 JARRELL RD, CARSON, WA D CONVEYS: QUIT CLAIM DEED JMENT NO: 2013001106 E RECORDED: 5/22/201
	Parce 03-08	el ID: 8-17-3-0-2300-00

18. MISCELLANEOUS: 98844824-WA-59 506503 - SIERRA VIEW HOLDINGS

INTERLOCK INDUSTRIES, INC.

File with: Skamania, WA

LOAN# WAWA19005-RC - CALL# 877-765-9378