| UCC FINANCING STATEMENT AMENDMENT | Skamania County, WA Total: \$303.50 Pgs=1 2024-000991 UCCTERM 07/25/2024 11:36 AM Request of: FIRST CORPORATE SOLUTIONS INC. eRecorded by: Simplifile |
|--|---|
| FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| Online Dept 888-507-4593 | L |
| B. E-MAIL CONTACT AT FILER (optional) | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| FIRST CORPORATE SOLUTIONS INC. 914 S STREET | |
| SACRAMENTO CA 95811 | |
| UCC3-1185463.2 Skamania County, WA | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] |
| 2015000515 3/26/2015 | (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1 |
| Z. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with Statement | |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of As For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 | ignee in item 7c <u>and</u> name of Assignor in item 9 |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to t continued for the additional period provided by applicable law | ne security interest(s) of Secured Party authorizing this Continuation Statement is |
| 5. PARTY INFORMATION CHANGE: | |
| Check one of these two boxes: This Change affects Debtor or Secured Party of record AND Check one of these three boxes CHANGE name and/or addri- time 8 or 8b; and item 7a or | ss: CompleteADD name: Complete itemDELETE name; Give record nam |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one | |
| 6a. ORGANIZATION'S NAME | |
| Trailhead Holding, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL | IAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| SUST INDIVIDUAL O CONTINUE | ADDITIONAL NAME (6) |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only s | name (7a or 7b) (use exact, full name; do not onit, 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. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral | DELETE collateral RESTATE covered collateral ASSIGN collatera |
| Indicate collateral: | |
| | |
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| | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provi If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing D 9a. ORGANIZATION'S NAME | |
| Columbia State Bank | |
| OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL | IAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| | |
| 10. OPTIONAL FILER REFERENCE DATA: | |
| 10. OPTIONAL FILER REFERENCE DATA: UCC3-1185463.2] APN: 03082034070000; 00000092013585 | |