

TO: Washington Mutual Bank (Co.1) Washington Mutual Bank, FA (Co.2)
 Washington Mutual Bank, fsb (Co.40) Other _____

Please amend or request one of your correspondents to amend on our behalf your/their irrevocable letter of credit.

NAME	PHONE NUMBER	DATE
IRREVOCABLE LETTER OF CREDIT		
IN FAVOR OF		

Please Amend By: Airmail Full Teletransmission Courier

Amend as Follows: Amount **increased** by _____ , for a new total of _____
 Amount **decreased** by _____ , for a new total of _____
 Latest Shipment date extended to:
 Expiration date extended to:
 Other:

All other terms and conditions of this letter of credit remain unchanged.

AUTHORIZED SIGNER NAME & TITLE	SIGNATURE X
AUTHORIZED SIGNER NAME & TITLE	SIGNATURE X

ADMINISTRATIVE USE ONLY		Applicant's signature is verified and authority to sign is confirmed. This extension of credit is approved in accordance with the Bank's current requirements.
OFFICER'S SIGNATURE X	OFFICER'S NAME & NUMBER (PLEASE PRINT) 	FEE – STANDARD UNLESS NOTED <input type="checkbox"/> Other _____
MAILSTOP	COMPANY/COST CENTER	TELEPHONE NUMBER