



SUFFIX

COUNTRY

:33AM

UCC FINANCING STATEMENT		5/25/2010 F	'age	1 of 1	8
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
	l l				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
					
SALAL CREDIT UNION	₩				
PO BOX 19340					
SEATTLE, WA 98109					
	THE ABO	VE SPACE IS FOR FILI	NG OFFICE US	E ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME-insert only one debtor na	ime (1a or 1b) - do not abbreviate or combine names				_
1a. ORGANIZATION'S NAME					_
	· · · · · · · · · · · · · · · · · · ·	- **	a.	-	
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	_
PORTER	DWAYNE				
1c, MAILING ADDRESS	ату	STATE POST	AL CODE	COUNTRY	_
22954 STATE ROUTE 9	MOUNT VERNON	WA 98	274	ĺ	
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e, TYPE OF ORGANI			IONAL ID#, if any		—
ORGANIZATION DEBTOR				No	'nΕ
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inset	ert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or o	combine names			_
2a. ORGANIZATION'S NAME					
OR 26. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
PORTER	STEPHANIE			}	
2c. MAILING ADDRESS	CITY	STATE POST	AL CODE	COUNTRY	_
22954 STATE ROUTE 9	MOUNT VERNON	WA 98	274		
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANI			IONAL ID #, if any		
ORGANIZATION DEBTOR		· •		Пис	ЖE

PO BOX 19340 4. This FINANCING STATEMENT covers the following collateral:

SALAL CREDIT UNION

HVAC AND PELLET STOVE

APN: 41450190160000

3a. ORGANIZATION'S NAME

3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS

LEGAL: SECTION 25 TOWNSHIP 33N RANGE 4E, MCMURRAY LOTS 1 TO 16 BLOCK 19. TOGETHER WITH THAT PORTION OF THE SOUTH 1/2 OF UNOPENED ARCADE STREET LYING NORTH AND ADJACENT TO LOTS 1 THROUGH 18, BLOCK 19. COUNTY OF SKAGIT, STATE OF WASHINGTON

FIRST NAME

SEATTLE

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded) ESTATE RECORDS. Attach Addendum	in the REAL 7 Check to REQUEST SEARCH REPORT [if applicable] IADDITIONAL FEEL [0]	(S) on Debtor(s) All Debtors	Debtor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA			****

MIDDLE NAME

WA

POSTAL CODE

98109

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)