

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



Skagit County Auditor  
7/11/2016 Page 1 of 1 10:22AM \$73.00

**A. NAME & PHONE OF CONTACT AT FILER [optional]**  
Joyce Kehoe 206.298.9394 x8903

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

Salal Credit Union  
PO Box 19340  
Seattle, WA 98109

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

|                            |                                   |                          |                                  |             |                                 |
|----------------------------|-----------------------------------|--------------------------|----------------------------------|-------------|---------------------------------|
| 1a. ORGANIZATION'S NAME    |                                   |                          |                                  |             |                                 |
| OR                         |                                   |                          |                                  |             |                                 |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME              | SUFFIX                           |             |                                 |
| HILL                       | ROBERT                            | K                        |                                  |             |                                 |
| 1c. MAILING ADDRESS        |                                   | CITY                     | STATE                            | POSTAL CODE | COUNTRY                         |
| 1152 S ANACORTES ST        |                                   | BURLINGTON               | WA                               | 98233       | USA                             |
| 1d. SEE INSTRUCTIONS       | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION |             | 1g. ORGANIZATIONAL ID #, if any |
|                            |                                   |                          |                                  |             | <input type="checkbox"/> NONE   |

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

|                            |                                   |                          |                                  |             |                                 |
|----------------------------|-----------------------------------|--------------------------|----------------------------------|-------------|---------------------------------|
| 2a. ORGANIZATION'S NAME    |                                   |                          |                                  |             |                                 |
| OR                         |                                   |                          |                                  |             |                                 |
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME              | SUFFIX                           |             |                                 |
| HILL                       | KATHLEEN                          | M                        |                                  |             |                                 |
| 2c. MAILING ADDRESS        |                                   | CITY                     | STATE                            | POSTAL CODE | COUNTRY                         |
| 1152 S ANACORTES ST        |                                   | BURLINGTON               | WA                               | 98233       | USA                             |
| 2d. SEE INSTRUCTIONS       | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |             | 2g. ORGANIZATIONAL ID #, if any |
|                            |                                   |                          |                                  |             | <input type="checkbox"/> NONE   |

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

|                            |            |             |        |             |         |
|----------------------------|------------|-------------|--------|-------------|---------|
| 3a. ORGANIZATION'S NAME    |            |             |        |             |         |
| OR                         |            |             |        |             |         |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |             |         |
| Salal Credit Union         |            |             |        |             |         |
| 3c. MAILING ADDRESS        |            | CITY        | STATE  | POSTAL CODE | COUNTRY |
| PO Box 19340               |            | Seattle     | WA     | 98109       |         |

4. This FINANCING STATEMENT covers the following collateral:  
**Timberline HD Roofing in Pewter Grey to include but not limited to 5 K Gutters in Low Gloss White, Felt Buster Underlayment and Ice and Water Shield in Valleys and Penetrations**

APN: P62814; XREFID: 3867-000-078-0805      LEGAL: BURLINGTON AC, (DK12) BEG AT A PT ON W LI OF TR 78 A DIST OF 404 FT S OF NW COR TO TPOB; TH N 68° 53' 07" E 122.90 FT; TH S 89° 38' E 15.04 FT; TH S 0° 24' E 145.81 FT; TH N 89° 38' W 130 FT; TH N 0° 24' W 100 FT TO TPOB. TOG/W 1/4 INT IN RD, DESC AS FOLL: BEG AT A PT 504.80 FT S OF NW COR OF TR 78; TH S 89° 38' E 180 FT; TH N 26° 07' 03" E 39.75 FT; TH S 89° 38' E 44.40 FT; TH S 26° 07' 03" W 84.16 FT; TH N 89° 38' W 204.58 FT; TH N 0° 24' W 40 FT TO POB. (DK12) BEG AT A PT ON W LI OF TR 78 A DIST OF 404 FT S OF NW COR TO TPOB; TH N 68° 53' 07" E 122.90 FT; TH S 89° 38' E 15.04 FT; TH S 0° 24' E 145.81 FT; TH N 89° 38' W 130 FT; TH N 0° 24' W 100 FT TO TPOB. TOG/W 1/4 INT IN RD, DESC AS FOLL: BEG AT A PT 504.80 FT S OF NW COR OF TR 78; TH S 89° 38' E 180 FT; TH N 26° 07' 03" E 39.75 FT; TH S 89° 38' E 44.40 FT; TH S 26° 07' 03" W 84.16 FT; TH N 89° 38' W 204.58 FT; TH N 0° 24' W 40 FT TO POB.

|  |  |                     |               |              |          |                |
|--|--|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):  | LESSEE/LESSOR  | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum. | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) (ADDITIONAL FEE) |                     | All Debtors   |              | Debtor 1 | Debtor 2       |

8. OPTIONAL FILER REFERENCE DATA