



201611280090

Skagit County Auditor

\$73.00

11/28/2016 Page

1 of

1 10:30AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|---|
| 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 |
| MORGENTHALER | PATRICK | L | |
| 1c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 2420 17TH ST | | ANACORTES | WA 98221 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 |
| MORGENTHALER | PATRICIA | L | |
| 2c. MAILING ADDRESS | | CITY | STATE POSTAL CODE COUNTRY |
| 2420 17TH ST | | ANACORTES | WA 98221 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 USA |

4. This FINANCING STATEMENT covers the following collateral:

(9) OLYMPIC WINDOWS AND (1) OLYMPIC PATIO DOORS

APN: P56420; XREFID: 3772-248-015-0008

LEGAL: SECTION 24 TOWNSHIP 35 RANGE 01 QUARTER 02, ANACORTES LTS 11 TO 15 BLK 248, COUNTY OF SKAGIT, STATE OF WASHINGTON

PROPERTY ADDRESS: 2420 17TH ST ANACORTES, WA 98221

| | | | | | | |
|---|--|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION [if applicable]: | <input type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> 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 Acknowledgment [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] | | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |