

C FINANCING STAT			202202180092		
		02/18/2022 10:36 Skagit County Audi	AM Pag	es: 1 of 1	ees: \$203.
.OW INSTRUCTIONS (front ar	EMENT				
	nd back) CAREFULLY				
IAME & PHONE OF CONTACT					
nding Group 206.298.9394 END ACKNOWLEDGMENT TO					
	. (Name and Address)	_			
Recording requested I	by and return to:	l			
Salal Credit Union	-, a.i.a (a.i.i.				
PO Box 75029	4				
Seattle, WA 98175-002	9				
		j			
L		_			
EDTODIO EVA OTELIA LI GOAL	VI		SPACE IS FO	R FILING OFFICE U	JSE ONLY
1a. ORGANIZATION'S NAME	NAME - insert only one debtor name (1a or 1b	o) - do not abbreviate or combine names			
1b. INDIVIDUAL'S LASTNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
WILLIS		BRENDA			
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
5880 INEZ ST		BOW	WA	98232-8616	USA
EE INSTRUCTIONS ADD'L IN ORGANIZ	FO RE 1e, TYPE OF ORGANIZATION	1f, JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if ar	ny
DEBTOR					
DDITIONAL DEBTOR'S EXAC 2a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	oine names		
P 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SU		SUFFIX
GIESKER		TRACY			
MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY
5880 INEZ ST		BOW	WA	98232-8616	USA
EE INSTRUCTIONS ADD'L IN ORGANIZ		2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if ar	iy
DEBTOR					
ECURED PARTY'S NAME (or N 3a, ORGANIZATION'S NAME	IAME of TOTAL ASSIGNEE of ASSIGNOR S/	P) - insert only one secured party name (3a or 3b)			
Salal Credit Union					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
)		
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
PO Box 75029		Seattle	WA	98175-0029	USA
is FINANCING STATEMENT covers to	he following collateral:		_		