UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				201009070029 Skagit County Auditor 1 9f 1 8:40AM			
	<u> </u>			9/7/2010	Page '	1 of 18:	4UAIN
SEND ACKNOWLEDGE	MENT TO: (Name a	nd Address)		7 3,7,2-1	<u>-</u>		
Salal Credit PO Box 1934 Seattle, WA	0 _ \ \	<u> </u>	_	7			
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L			· <u>-</u>		-VF 804 6F IS 50		ISS ONLY
DEBTOR'S EXACT FU	LIEGAL NAME inco	urt only one dobter have	(1 a pr 1h) - do pot a bhraviat		OVE SPACE IS FO	R FILING OFFICE (SE ONL !
1a. ORGANIZATION'S NA		artorny <u>one</u> deplor name	(Taor to)-00 notabbreviat	30 COMDITION S		******	
15, INDIVIDUAL'S LAST NAME		A Same	FIRST NAME		MIDDLE	MIDDLE NAME	
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	ORGANIZATION DEBTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1.0.		, UN
. ADDITIONAL DEBTOR	'S EXACT FULL LE	GAL NAME - insert of	nly one debtor name (2a o	r 2b) - do not abbreviate o	r combine names		<u> </u>
2a. ORGANIZATION'S NA							
)B	·		<u>\</u>				
R 2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
SCHEMM c. MAILING ADDRESS			JEANI CITY	<u>E</u>	STATE	POSTAL CODE	COUNTRY
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d. SEEINSTRUCTIONS	ADD'L INFO RE 2e.	TYPE OF ORGANIZA		TON OF ORGANIZATION		NIZATIONAL ID#, if ar	iy
	ORGANIZATION DEBTOR		i	Samuel Contraction of the State	N i		Ди
SECURED PARTY'S		AL ASSIGNEE of ASSIG	SNOR S/P) - insert only one	secured partyname (3a or	36)		
3a. ORGANIZATION'S NA							
Salal Credit L			FIRST NAME		MIDDLE	MARKE	SUFFIX
38. INDIVIDUALS LAST N	SU. INDIVIDUALS LAST NAME		FIRST NAME		IMIDDLE	VAIVE	Surrix
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PO Box 19340			Seattle	200	WA	98109	1
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