LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]		201203190181 Skagit County Auditor		
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Salal Credit Union PO Box 19340 Seattle, WA 98109	3/19/2	012 Page	1 of	1 12:09PN
L		'E SPACE IS F <u>o</u> l	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1 1a. ORGANIZATION'S NAME	a or 1b) - do not abbreviate or combine names			
TID, INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE	MIDDLE NAME	
PAULINO MAILING ADDRESS	ELOISE	L	POSTAL CODE	COUNTRY
744 MOUNT BAKER LOOP	MOUNT VERNON	WA		
SEE INSTRUCTIONS ADD'L INFO RE 16, TYPE OF ORGANIZATION DEBTOR	ON 1f. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any	\Box
MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION'S NAME OF TOTAL ASSIGNEE of ASSIGN ORGANIZATION'S NAME Salal Credit Union 3b, INDIVIDUAL'S LAST NAME MAILING ADDRESS		2g. ORG/	POSTAL CODE NIZATIONAL ID #, if any	COUNTR
O Box 19340	Seattle	WA	98109	
ORK A/C APN: P124260 EGAL: SECTION SKAGIT HIGHLANDS DIV N THE S 1/2 OF THE S 1/2 OF SECTION 15, T OF THE NE 1/4, SECTION 22, TOWNSHIP 34 P N THE S 1/2 OF THE S 1/2 OF SECTION 15, T OF THE NE 1/4, SECTION 22, TOWNSHIP 34 P VASHINGTON	OWNSHIP 34 NORTH, RANGE NORTH, RANGE 4 EAST, W.M., OWNSHIP 34 NORTH, RANGE	4 EAST, W.I AF#2006040 4 EAST, W.I	M., AND OF TH)40052, BEING M., AND OF TH	IE NW 1/4 A PORTIC IE NW 1/4