CC FINANCING STATEMENT  LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]	2 0 1 2 1 2 1 9 0 0 3 1 Skagit County Auditor			
SEND ACKNOWLEDGMENT TO: (Name and Address)  Salal Credit Union PO Box 19340 Seattle, WA 98109		12 Page	<b>1</b> of ,	1 11:00AM
DEBTOR'S EXACT FULL LEGAL NAME - insertionly one debtor name (1a or 1b) - c		E SPACE IS FOR	FILING OFFICE L	ISE ONLY
1a, ORGANIZATION'S NAME				
16.INDIVIDUAL'SLASTNAME RAINS	FIRST NAME  JOHN	MIDDLE NAME		SUFFIX
MAILING ADDRESS 814 M AVENUE	ANACORTES	STATE	98221	COUNTRY
SEE INSTRUCTIONS  ADD'L INFO RE   1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f, JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL IO#, if ar	y N
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one deb	ofor name (2a or 2b) - do not abbreviate or co	mbine names		
	N.	I		Tsuffix
2b, INDIVIDUAL'S LAST NAME	FIRST NAME TERRY		MIDDLE NAME SUFFIX	
RAINS	CITY		POSTAL CODE	COUNTRY
814 M AVENUE SEEINSTRUCTIONS   ADD'L INFO RE   20. TYPE OF ORGANIZATION	ANACORTES  2f. JURISDICTION OF ORGANIZATION		98221 NIZATIONAL ID #, if ar	ny
ORGANIZATION DEBTOR		- 		
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORS/P). [3a. ORGANIZATION'S NAME	insertonly <u>one</u> secured party name (3a or 3b)			<del></del>
Salal Credit Union		garden et en garden		SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	IAME	Surrix
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
O Box 19340 This FINANCING STATEMENT covers the following collateral:	Seattle	WA	98109	
VINDOWS PN: P58379 EGAL: THE WEST 9 FEET OF LOT 7, ALL OF LO NACORTES, ACCORDING TO THE PLAT THERI 1, RECORDS OF SKAGIT COUNTY, STATE OF W	EOF RECORDED IN VOLU	NORTHERN JME 2 OF PI	N PACIFIC AI LATS, PAGES	DDITION TO SETHROUG
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