

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Salal Credit Union  
PO Box 19340  
Seattle, WA 98109



201310070020

Skagit County Auditor

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1 of 1 \$72.00  
8:45AM

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      |
|                         | PEARSON                           |                          | SHARON                           | A                               |             |
| 1c. MAILING ADDRESS     |                                   |                          | CITY                             | STATE                           | POSTAL CODE |
| 24173 MAHONIA LANE      |                                   |                          | MOUNT VERNON                     | WA                              | 98274       |
| 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      |
|                         |                                   |                          |                                  |                                 |             |
| 2c. MAILING ADDRESS     |                                   |                          | CITY                             | STATE                           | POSTAL CODE |
|                         |                                   |                          |                                  |                                 |             |
| 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 |
| PO Box 19340            |                            |  | Seattle    | WA          | 98109       |

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

APN: P115688

LEGAL: (0.1900 Ac) (Title Elimination) Inc M/H 2000 Goldenwest 44X27 S/N Gwor23n24461ab. Lot 3 Of Survey Recorded Under Af# 200008300077. (Formerly Lot 3 Of Survey Recorded Af#200006080127, Being A Portion Of Block 8, COUNTY OF SKAGIT, STATE OF WASHINGTON.

|                                                                                                                                                                       |                                                                  |                     |               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                           | LESSEE/LESSOR                                                    | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | 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 Addendum (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) |                     | All Debtors   |              | Debtor 1 | Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |                                                                  |                     |               |              |          |                |