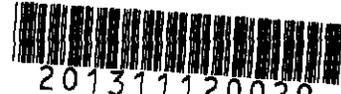


UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



Skagit County Auditor
11/12/2013 Page 1 of 1 \$72.00
8:40AM

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Salal Credit Union
PO Box 19340
Seattle, WA 98109

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 **SMITH** FIRST NAME **DONALD** MIDDLE NAME **A** SUFFIX

1c. MAILING ADDRESS **310 SAPP RD** CITY **SEDRO WOOLLEY** STATE **WA** POSTAL CODE **98284** COUNTRY

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 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 **DONAVAN-SMITH** FIRST NAME **SHERIE** MIDDLE NAME **A** SUFFIX

2c. MAILING ADDRESS **310 SAPP RD** CITY **SEDRO WOOLLEY** STATE **WA** POSTAL CODE **98284** COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any 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 **Salal Credit Union**

OR 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS **PO Box 19340** CITY **Seattle** STATE **WA** POSTAL CODE **98109** COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

APN: P113070

LEGAL: Sedro - City Area, Acres 2.43, Lot 1 S/P #Sw-04-94 Recorded Af#9508280076 Being Portion Of Lot 1 S/P Sw-02-85, Located In Se1/4 And Sw1/4 Section 13, Township 35 North, Range 4 East, W.M. Lot 1 S/P #Sw-04-94 Recorded Af#9508280076 Being Portion Of Lot 1 S/P Sw-02-85, Located In Se1/4 And Sw1/4 Section 13, Township 35 North, Range 4 East, W.M., 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. 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) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA