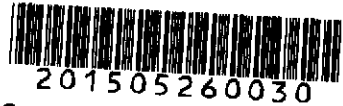


**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS



Skagit County Auditor  
5/26/2015 Page 1 of 1 8:41AM \$72.00

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**KRYSTAL DETROY 360-685-4046**

B. E-MAIL CONTACT AT FILER (optional)  
**KDETROY@NORTHCOASTCU.COM**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**NORTH COAST CREDIT UNION  
1100 DUPONT STREET  
BELLINGHAM, WA 98225**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	<b>CLIFFTON</b>	<b>ALAUNA</b>	<b>LOUISE</b>		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>23144 UNION SQUARE ROAD</b>		<b>SEDRO WOOLLEY</b>	<b>WA</b>	<b>98284</b>	<b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	<b>CLIFFTON</b>	<b>TIMOTHY</b>	<b>ERIC</b>		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>23144 UNION SQUARE ROAD</b>		<b>SEDRO WOOLLEY</b>	<b>WA</b>	<b>98284</b>	<b>USA</b>

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME					
<b>NORTH COAST CREDIT UNION</b>					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>1100 DUPONT STREET</b>		<b>BELLINGHAM</b>	<b>WA</b>	<b>98225</b>	<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:  
**Lot 2, Short Plat No. 9-90, approved April 2, 1990, recorded April 3, 1990 in Book 9 of Short Plats, page 218, under Auditor's File No. 9004030002, and being a portion of the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 12, Township 35 North, Range 4 East, W.M. Section 12, Township 35 North, Range 4 East; ptn. NW SW aka Lot 2 SP 9-90 APN#: 350412-3-002-0201 (P36301)**

5. Check only if applicable and check only one box. Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensee

8. OPTIONAL FILER REFERENCE DATA: