



201507220011

Skagit County Auditor

\$72.00

7/22/2015 Page

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1 9:58AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Natalie Frankhauser 206.298.9394 x8903	
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 WILLIAMS		FIRST NAME STEPHEN	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 3903 NORTH AVENUE			CITY ANACORTES	STATE WA	POSTAL CODE 98221	COUNTRY
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 WILLIAMS		FIRST NAME DARLA	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 3903 NORTH AVENUE			CITY ANACORTES	STATE WA	POSTAL CODE 98221	COUNTRY
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 Salal Credit Union						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS PO Box 19340			CITY Seattle	STATE WA	POSTAL CODE 98109	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

16 SYLVAN 270 DC WATT SOLAR PANELS

APN: P32159

LEGAL: (0.3700 AC) TRACT A OF SURVEY RECORDED UNDER AF#7904160035; BEING A PORTION OF THE WEST HALF OF THE EAST HALF OF THE NE1/4 SE1/4 OF SEC 25, TWP 35, RNG 1. COUNTY OF SKAGIT, STATE OF WASHINGTON

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> 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]		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						