

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



201508120014

Skagit County Auditor \$72.00
8/12/2015 Page 1 of 1 8:39AM

A. NAME & PHONE OF CONTACT AT FILER [optional]
Joyce Kehoe 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		FIRST NAME	MIDDLE NAME	SUFFIX
DAVIS		TRICIA	N	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
16535 S WALL ST		MOUNT VERNON	WA	98273
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
DAVIS		CURTIS	J	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
16535 S WALL ST		MOUNT VERNON	WA	98273
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		CITY	STATE	POSTAL CODE
PO Box 19340		Seattle	WA	98109

4. This FINANCING STATEMENT covers the following collateral:

(2) DOORS AS PER WEST COAST VINYL PURCHASE AGREEMENT DATED 04/02/2015 FOR SERVICE AT 16535 S WALL ST, MOUNT VERNON, WA 98273

APN: P69694; XREFID: 4017-000-001-0002

LEGAL: SECTION 30 TOWNSHIP 34 RANGE 04 QUARTER 01, DK 3: LOT 1, SOUTH WALL ST ADDITION, RECORDED IN VOLUME 7 OF PLATS, PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON; SITUATE IN THE 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)		All Debtors	Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						