



201612010005

Skagit County Auditor

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12/1/2016 Page

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1 8:56AM

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>Maggie Krelle 206.298.9394 x8903</b>                             |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Salal Credit Union<br/>PO Box 19340<br/>Seattle, WA 98109</b> |  |

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<br><b>MCCLAIN</b> |                                   | 1c. MAILING ADDRESS<br><b>14222 HEMLOCK PLACE<br/>ANACORTES<br/>WA 98221<br/>USA</b> |
| FIRST NAME<br><b>TODD</b>        |                                              | MIDDLE NAME<br><b>L</b>           | SUFFIX                                                                               |
| CITY<br><b>ANACORTES</b>         |                                              | STATE<br><b>WA</b>                | POSTAL CODE<br><b>98221</b>                                                          |
| 1d. <u>SEE INSTRUCTIONS</u>      |                                              | 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<br><b>MCCLAIN</b> |                                   | 2c. MAILING ADDRESS<br><b>14222 HEMLOCK PLACE<br/>ANACORTES<br/>WA 98221<br/>USA</b> |
| FIRST NAME<br><b>ESTHER</b>      |                                              | MIDDLE NAME<br><b>MICHELLE</b>    | SUFFIX                                                                               |
| CITY<br><b>ANACORTES</b>         |                                              | STATE<br><b>WA</b>                | POSTAL CODE<br><b>98221</b>                                                          |
| 2d. <u>SEE INSTRUCTIONS</u>      |                                              | 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<br><b>Salal Credit Union</b> |                            |                    |                                                                     |
| OR                                                   | 3b. INDIVIDUAL'S LAST NAME |                    | 3c. MAILING ADDRESS<br><b>PO Box 19340<br/>Seattle<br/>WA 98109</b> |
| FIRST NAME                                           |                            | MIDDLE NAME        | SUFFIX                                                              |
| CITY<br><b>Seattle</b>                               |                            | STATE<br><b>WA</b> | POSTAL CODE<br><b>98109</b>                                         |

**4. This FINANCING STATEMENT covers the following collateral:****POST FRAME BUILDING PER AURORA QUALITY BUILDINGS INVOICE DATED 10/15/2016****Parcel: P69938 Alt. APN: 40280000200006****QUARTER 01 SECTION 15 TOWNSHIP 34 RANGE 01****Legal Description Definitions****(0.3500 ac) SUNSET WEST LOT 20****COUNTY OF SKAGIT STATE OF WASHINGTON****14222 HEMLOCK PLACE ANACORTES, WA 98221**

|                                                                                                                                                                       |               |                     |               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                           | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOB | 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) (ADDITIONAL FEE) (optional)                                                                                         |               |                     |               |              |          |                |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |               |                     |               |              |          |                |