



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Skagit County Auditor \$73.00  
5/16/2017 Page 1 of 1 9:10AM

**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: **RAMIREZ**      FIRST NAME: **SALVADOR**      MIDDLE NAME:      SUFFIX:

1c. MAILING ADDRESS: **709 GREENLEAF AVE**      CITY: **BURLINGTON**      STATE: **WA**      POSTAL CODE: **98233**      COUNTRY: **USA**

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: **RAMIREZ**      FIRST NAME: **GABRIELA**      MIDDLE NAME:      SUFFIX:

2c. MAILING ADDRESS: **709 GREENLEAF AVE**      CITY: **BURLINGTON**      STATE: **WA**      POSTAL CODE: **98233**      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      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:

**CERTAINTEEED LANDMARK ROOFING IN SILVER BIRCH TO INCLUDE BUT NOT LIMITED TO 15# ASTM ASPHALT SATURATED FELT UNDERLAYMENT, CERTAINTEEED SHADOW RIDGE AT ALL HIS AND RIDGE AND SHINGLEVENT II RIDGE VENTILATION SYSTEM AT RIDGE,**

APN: P71695; XREFID: 4076-060-011-0002

LEGAL: QUARTER SW, SECTION 32, TOWNSHIP 35 RANGE 04, BURLINGTON LOTS 9 & 10 & W1/2 11 BLK 60 DK 12, COUNTY OF SKAGIT, STATE OF WASHINGTON

PROPERTY ADDRESS: 709 GREENLEAF AVE, BURLINGTON, WA 98233

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)  (optional)  All Debtors     Debtor 1     Debtor 2

8. OPTIONAL FILER REFERENCE DATA