



Skagit County Auditor 5/30/2017 Page

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JCC FINANCING	STATEMEN	NT				
OLLOW INSTRUCTION						
A. NAME & PHONE OF C	7E. 7E	•	•			
Joyce Kehoe 206.						
B. SEND ACKNOWLEDG	SMENT TO: (Name	and Address)				
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Salal Credit			1			
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Seattle, WA	. 98109 💚 🥜		Ì			
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<u> </u>			THE ABO	OVE SPACE IS FOR	R FILING OFFICE U	SE ONLY
DEBTOR'S EXACTFU	JLL LEGAL NAME in	sert only one decide parse (1a or 1b) - o	do not abbreviate or combine names			
1a. ORGANIZATION'S NA		77				
16. INDIVIDUAL SLASTN	NAME		FIRST NAME	MIDDLE	IAME	SUFFIX
LOPEZ		The same of the sa	BLANCA	E		
c. MAILING ADDRESS	· t	- Carlotte Lance	GIV		POSTAL CODE	COUNTRY
16042 W DIVISIO	N ST		MOUNT VERNON	$ _{\mathbf{W}_{\mathbf{A}}}$	98273	USA
d SEE INSTRUCTIONS	ADD'L INFO RE 1	e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		NIZATIONAL ID#, if an	
	ORGANIZATION '	7/	I	i		□NON
ADDITIONAL DEBTO	R'S EXACT FULL LI	EGAL NAME - insert only one det	otor name (2a or 2b) - do not abbreviate or	combine names		
2a. ORGANIZATION'S NA						
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2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE N	AME	SUFFIX
LOPEZ			OBALDO	В	В	
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
16042 W DIVISIO	N ST		MOUNT VERNON	$ _{\mathbf{WA}}$	98273	
	ADD'L INFO RE 2	e. TYPE OF ORGANIZATION	2f JURISDICTION OF ORGANIZATION		NIZATIONAL ID #, if an	
d. SEE INSTRUCTIONS						Non
d. <u>SEE INSTRUCTIONS</u>	ORGANIZATION DEBTOR					
	ORGANIZATION ' DEBTOR	TAL ASSIGNEE of ASSIGNOR S/P1-	insert only one secured party name (3a or 9)	b)		
	ORGANIZATION DEBTOR	TALASSIGNEE of ASSIGNORS/P)	insert only <u>one</u> secured party name (3a or 3	b)		
SECURED PARTY'S 3a. ORGANIZATION'S NA Salal Credit UI	ORGANIZATION DEBTOR DEB	TALASSIGNEE of ASSIGNOR S/P)	insertonly one secured party name (3a or 3l	b)		
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