

E-MANL CONTACT AT PEEF (page) SPRETIIIng(@csclinft, City (Naring and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Springfield, It. 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Springfield, It. 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Springfield, It. 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Springfield, It. 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Springfield, It. 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		201707240056			
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To MALING ADDRESS \$10 Hyatt Place STATE POSTAL CODE USA	10. INDIVIDUAL'S SURNAME			ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
2. DEBTOR'S NAME: Provide only gag Debtor name (28 or 29) (use exist, full gaffe, p5 not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 20. leave all of them 2 blank, check here and provide the thing and provide them 10 of the Financing Statement Addendum (Form UCC1As). 20. MORINITATION'S NAME 21. MORINITATION'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only gas Secured Party name (3a or 3b). 22. MAILING ADDRESS 510 Hyatt Place 23. SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only gas Secured Party name (3a or 3b). 24. COLLATERAL This suggests statement covers the following collateral ROOF, GUTTERS 25. MAILING ADDRESS P. O. Box 97000 26. MAILING ADDRESS P. O. Box 97000 27. COLLATERAL This suggests statement covers the following collateral ROOF, GUTTERS 28. APN: P109059 29. THE LAND REFERRED TO IN THIS REPORT/POLICY IS SITUATED IN THE STATE OF WASHINGTON, COUNTY OR SKAGIT. 29. PLASE SEE ATTACHMENT FOR LEGAL 29. Check soby if applicable and check gaby one box: Collateral isheid in a Trust (see UCC1Ad, item 17 and instructions)being administered by a Decedent's Partsolal Assignmentation being a Transmitting Utility agricultural Lian being local being attende	and the state of t	ETY -	-	1		
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 96. INDIVIDUAL'S SURNAME Walker FIRST PERSONAL NAME William ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debter name or Debter name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and entering address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX. COUNTRY POSTAL CODE 10c. MAILING ADDRESS STATE CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS: