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10/15/2018 08:38 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | |
|--|----|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | |
| Ashley McCoy 206.298.9394 x8903 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| Salal Credit Union | |
| PO Box 75029 Seattle, WA 98175-0029 | |
| Scattle, WK 90K75 0029 | |
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| THE ABOVE | SPACE IS FU | K FILING OFFICE US | EUNLT |
|--|---|---|---|
| 1b) - do not abbreviate or combine names | _ | | |
| | | | |
| FIRST NAME | MIDDLE NAME SUFFIX | | SUFFIX |
| CLAUDIA | | | |
| CITY | STATE | POSTAL CODE | COUNTRY |
| MOUNT VERNON | WA | 98273 | USA |
| 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | ANIZATIONAL ID#, if any | NONE |
| - d-1 | | | []NONE |
| e deptor name (2a or 2b) - do not appreviate or com | oine names | | |
| | | | |
| FIRST NAME | MIDDLE NAME SUFFIX | | |
| | | | |
| CITY | STATE | POSTAL CODE | COUNTRY |
| | | | |
| 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | | |
| | i | | □ NONE |
| S/P) - insert only one secured party name (3a or 3b) | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | |
| CITY | STATE | POSTAL CODE | COUNTRY |
| Seattle | WA | 98175-0029 | { |
| | FIRST NAME CLAUDIA CITY MOUNT VERNON 1f. JURISDICTION OF ORGANIZATION FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION FIRST NAME CITY FIRST NAME CITY CITY | FIRST NAME CLAUDIA CITY MOUNT VERNON 1f. JURISDICTION OF ORGANIZATION FIRST NAME CITY STATE MOUNT VERNON 1g. debtor name (Za or 2b) - do not abbreviate or combine names FIRST NAME MIDDLE CITY STATE 2f. JURISDICTION OF ORGANIZATION 2g. ORG. SIP) - insert only one secured party name (3a or 3b) FIRST NAME MIDDLE CITY STATE STATE STATE STATE CITY STATE MIDDLE | FIRST NAME CLAUDIA CITY MOUNT VERNON 11. JURISDICTION OF ORGANIZATION PROBLEM AND STATE POSTAL CODE WA 98273 11. JURISDICTION OF ORGANIZATION 12. ORGANIZATIONAL ID #, if any MIDDLE NAME CITY STATE POSTAL CODE 21. JURISDICTION OF ORGANIZATION 22. ORGANIZATIONAL ID #, if any SIP)-insertonly one secured party name (3a or 3b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE |

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS;9 WINDOWS AND 3 DOORS -OLYMPIC VINYL LX ORDER NUMBER W6861 PER HARLEY EXTERIORS

Skagit Co, WA APN: P54655

Alt. APN: 37640150030005

Legal: Lot 3, Block 15, Vernon Heights 2nd To Mt Vernon, Recorded In Volume 3 Of Plats, Page 62, Records Of Skagit

County, Washington.

216 N 8TH ST MOUNT VERNON, WA 98273

| 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) ESTATE RECORDS. Attach Addendum | in the REAL 7. Check to REQUEST SEARCH REPO | DRT(S) on Debtor(s) [optional] | All Debtors D | Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | | |