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THE ABOVE SPACE	IS FOR FILING OFFICE USE ON	ILY
o not omit, modify, or abbreviate any part of the	Debtor's name); if any part of the Indivi	idual Deblor's
ndividual Debtor information in item 10 of the Fir	nancing Statement Addendum (Form U	CC1Ad)
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· ·	_	COUNTRY
lount Vernon	WA 98274	USA
ndividual Debtor information in item 10 of the Fir	ancing Statement Addendum (Form Ut	CC1Ad)
ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	_	
		COUNTRY
ount Vernon	WA 98274	USA
URED PARTY): Provide only one secured par	ly name (3a or 3b)	
ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	, , , , ,	
		COUNTRY
ellevue	WA 98004	USA
	not omit, modify, or abbreviate any part of the dividual Debtor information in item 10 of the Fin ST PERSONAL NAME EFFREY Ount Vernon not omit, modify, or abbreviate any part of the dividual Debtor information in item 10 of the Fin ST PERSONAL NAME ELANIE Ount Vernon IRED PARTY): Provide only one secured part of the ST PERSONAL NAME ST PERSONAL NAME	STATE POSTAL CODE WA 98274 not onil, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form University Personal NAME STPERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) R STATE POSTAL CODE WA 98274 IRED PARTY): Provide only one secured party name (3a or 3b) ST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) ST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Deceden't Personal Representative					
6a. Check only if applicable and check only one box: Public-Finance Transaction		6b. Check <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing			
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor Consignee/Consignor	Seller/Buy	/er Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5391498-43464	Loan #		SBA Loan#		