201901180019

01/18/2019 10:09 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCIN	IG STATEMI	ENT				
FOLLOW INSTRUCTION	ONS (front and back) CAREFULLY				
A. NAME & PHONE OF	CONTACT AT FIL	ER [optional]				
Anthony Drula	206.298.9394	8903				
B. SEND ACKNOWLED	GMENT TO: (Nai	me and Address)	···			
Salal Cred	it Union		i			
PO Box 75	029		ı			
Seattle, W	A 98175-0029					
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1.0505000				SPACE IS FO	R FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT	FULL LEGAL NAME	-insertonlyone debtorname (1a or 1	b) - do not abbreviate or combine names			
12. ORGANIZATIONS	IVAME			-		
OR 16 INDIVIDUAL'S LAS	TNIABATT					
IB. INDIVIDUAL SLAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
MENDOZA			EVA			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
524 JAMESON ST			SEDRO WOOLLEY	WA	98284	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any		
	DEBTOR			i		Пиои
2. ADDITIONAL DEBT	OR'S EXACT FULI	LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or com	nine names		
2a. ORGANIZATION'S	NAME		do not approvide of confi	and named		
OR 2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
MENDOZA			PAIGE			100.100
2c. MAILING ADDRESS			CITY	STATE POSTAL CODE COLINTE		0011117771
524 JAMESON ST						COUNTRY
2d. SEEINSTRUCTIONS	-	2e. TYPE OF ORGANIZATION	SEDRO WOOLLEY	WA	98284	USA
zu. <u>SEE INSTRUCTIONS</u>	ORGANIZATION	28. ITPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	′

FIRST NAME

Seattle

3c. MAILING ADDRESS PO Box 75029 4. This FINANCING STATEMENT covers the following collateral:

WINDOWS: 8 Olympic Series Lx windows.

APN: P75381

3a. ORGANIZATION'S NAME Salal Credit Union OR 3b. INDIVIDUAL'S LAST NAME

Legal: Sedro Lots 15 & 16 Blk 10

Skagit county wa

524 JAMESON ST SEDRO WOOLLEY, WA 98284

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYE		NON-UCC FILING
 This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum 	i) in the REAL 7. Check to REC	QUEST SEARCH REPORT(S) on Debtor(s) FEEI [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

MIDDLE NAME

POSTAL CODE

98175-0029

SUFFIX

COUNTRY

NONE

ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insert only one secured party name (3a or 3b)