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A. NAME & PHONE OF CONTACT AT FILER (option CSC 1-800-858-5294	nal)				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	dress)				
1740 02269 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skagit)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1 name will not fit in line 1b, leave all of item 1 blank, check 1a. ORGANIZATION'S NAME		nodify, or abbreviate any part of	the Debtor	's name); if any part of the Ir	idividual Deb
R 1b. INDIVIDUAL'S SURNAME Roth	FIRST PERSONAL Timothy	NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MAILING ADDRESS 4733 Mount Baker Loc	p city Mount Vern		STATE	POSTAL CODE	COUNTR
DEBTOR'S NAME: Provide only one Debtor name (2) name will not fit in line 2b, leave all of item 2 blank, check		nodify, or abbreviate any part of	the Debtor		dividual Deb
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME		nodify, or abbreviate any part of information in item 10 of the Fi	the Debtor nancing Sta	s name); if any part of the In	dividual Deb
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	here and provide the Individual Debtor	nodify, or abbreviate any part of information in item 10 of the Fi	the Debtor nancing Sta	I 's name); if any part of the In atement Addendum (Form U	dividual Deb
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS	here and provide the Individual Debtor FIRST PERSONAL CITY EE of ASSIGNOR SECURED PARTY): Prov	nodify, or abbreviate any part of information in item 10 of the Fi	the Debtor nancing Sta ADDITIO	I s name); if any part of the In atement Addendum (Form University of the Instance of the Inst	dividual Deb
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNE) 3a. ORGANIZATION'S NAME Verity Credit Uni	here and provide the Individual Debtor FIRST PERSONAL CITY EE of ASSIGNOR SECURED PARTY): Prov	nodify, or abbreviate any part of information in item 10 of the Fi	ADDITIO STATE e (3a or 3b	I s name); if any part of the In atement Addendum (Form University of the Instance of the Inst	dividual Deb
name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME Verity Credit Uni 3b. INDIVIDUAL'S SURNAME	ere and provide the Individual Debtor FIRST PERSONAL CITY EE of ASSIGNOR SECURED PARTY): Prov On FIRST PERSONAL	nodify, or abbreviate any part of information in item 10 of the Fi	ADDITIO ADDITIO ADDITIO ADDITIO ADDITIO ADDITIO STATE	POSTAL CODE POSTAL CODE	SUFFIX SUFFIX COUNT
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. MAILING ADDRESS 3c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME Verity Credit Uni	FIRST PERSONAL CITY EE of ASSIGNOR SECURED PARTY): Prov On FIRST PERSONAL CITY Seattle Diving collateral: Dividing a closed-end person	nodify, or abbreviate any part of information in item 10 of the Fi	ADDITIO STATE ADDITIO STATE ADDITIO STATE WA Wer for	POSTAL CODE 98133 the purpose of fina	SUFF COUI US

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 Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Public-Finance Transaction Non-UCC Filing A Debtor is a Transmitting Utility Manufactured-Home Transaction Agricultural Lien 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Seller/Buyer Bailee/Bailor Licensee/Licensor Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA:

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