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	01/22/2020 10:11 AM Skagit County Auditor	Pages:	1 of 1 Fees:	\$103.50
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Joyce Kehoe 206.298.9394 x8903				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	- 1			
Salal Credit Union	II.			
PO Box 75029				
Seattle, WA 98175-0029				
	i			
	THE ABOVE	EDACE IS EC	R FILING OFFICE US	E ONLY
1. DEBTOR'S EXACTFULL LEGAL NAME-insertonlyone debtor name (1a or 1b) - do not abbreviate excembino names	SPACE IS FO	K FILING OFFICE US	EUNLT
1a. ORGANIZATION'S NAME	y-do not abbreviate of combine names			
OR 1b. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE	NAME	SUFFIX
HICKS			.47.141	John
1c. MAILING ADDRESS	CITY	E	POSTAL CODE	COUNTRY
12196 CHINOOK DR				
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	BURLINGTON 1f. JURISDICTION OF ORGANIZATION	WA	98233	USA
ORGANIZATION DEBTOR	III. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	□NON
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	lehtor name (2a or 2h) - do not abbreviate or comb	ino nomes		NON
2a. ORGANIZATION'S NAME	training (25 5 25) So not approvide of Sonia	inc names	· .	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
WENDLAND-HICKS	CAROLYN			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12196 CHINOOK DR	BURLINGTON	WA	98233	ì
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e, TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID#, if any	USA
ORGANIZATION '		į zg. Orto	AND THE LID IF, IT ALLY	
				NON
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F 3a. ORGANIZATION'S NAME) - insert only one secured party name (3a or 3b)			
OR Salal Credit Union OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	Tarren =		I-i
OB. INDIVIDUAL O EACH NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	CITY		Ta	
		STATE	POSTAL CODE	COUNTRY
PO Box 75029	Seattle	WA	98175-0029	
4. This FINANCING STATEMENT covers the following collateral:				
(5) OLYMPIC SERIES LX SERIES WINDOWS IN V	VHITE TO INCLUDE BUT NO	T LIMIT	ED TO LOE4 18	4 GLASS
APN: P70274; XREFID: 4037-000-029-0014				
LEGAL: LOT 29, "WEST VIEW ACRES SUBDIVIS	ION, SKAGIT COUNTY, WAS	H," AS P	ER PLAT RECO	DRDED IN
VOLUME 7 OF PLATS, PAGE 35, RECORDS OF SE	KAGIT COUNTY, WASHINGT	ON; SIT	UATE IN THE C	COUNTY OF
SKAGIT, STATE OF WASHINGTON.	,			
PROPERTY ADDRESS: 12196 CHINOOK DR, BUR	LINGTON, WA 98233			
THIS IS A FIXTURE FILING	·			

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) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL This FINANCING STATEMENT IS TO BE THE FORT IS TO BE THE	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		