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09/08/2020 09:53 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor

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) Salal Credit Union PO Box 75029 Seattle, WA 98175-0029

| | | | | THE ABOV | E SPACE IS FO | r filing office us | E ONLY | |
|--|---|------------------|--------------------------------------|--|---------------|---------------------------------|---------|--|
| 1. D | EBTOR'S EXACTE | ILL LEGAL NAME | insert only one debtorname (1a or 1b |)-do notabbreviate or combine names | | | | |
| | 1a. ORGANIZATION'S NA | AME | | | | | | |
| OR | 16.INDIVIDUAL'SLASTNAME FIRST NAME SUFFIX | | | | | | | |
| UK | 1b.INDIVIDUAL'SLASTNAME | | FIRST NAME | MIDDLE | MIDDLE NAME | | | |
| | MALACAD | | | JENNY | B | | | |
| 1c. MAILING ADDRESS | | | | CITY | STATE | POSTAL CODE | COUNTRY | |
| 860 PANORAMA RIDGE | | | | MOUNT VERNON | WA | 98273 | USA | |
| 1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION | | | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | 1g. ORGANIZATIONAL ID #, if any | | |
| | | DEBTOR | | | 1 | | NONE | |
| 2. A | DDITIONAL DEBTO | R'S EXACT FULL | LEGAL NAME - Insert only one | debtor name (2a or 2b) - do not abbreviate or cor | nbine names | | | |
| [| 2a. ORGANIZATION'S NAME | | | | | | | |
| | | | | | | | | |
| OR | ZE. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | MIDDLE NAME | | | |
| | MALACAD | | | JESSIE | C | | | |
| 2a. MAILING ADDRESS | | | | CITY | STATE | POSTAL CODE | COUNTRY | |
| 860 PANORAMA RIDGE | | | | MOUNT VERNON | WA | 98273 | USA | |
| 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION | | | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | 2g. ORGANIZATIONAL ID #, if any | | |
| | | DEBTOR | I | | l l | | NONE | |
| 3. S | ECURED PARTY'S | NAME (or NAME of | TOTAL ASSIGNEE of ASSIGNOR S/ | P) - insert only one secured party name (3a or 3b) | • | | | |
| | 3a. ORGANIZATION'S NA | | | | | | | |
| | Salal Credit Union | | | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | WIDDLE | MIDDLE NAME | | |
| | | | | | | | ļ | |
| 3c. MAILING ADDRESS | | | | CITY | STATE | POSTAL CODE | COUNTRY | |
| PO Box 75029 | | | | Seattle | WA | 98175-0029 | | |

4. This FINANCING STATEMENT covers the following collateral:

BRYANT 123ANA030000 AIR CONDITIONER TO INCLUDE BUT NOT LIMITED TO CNPVP3017ALA VERTICAL REFRIGERANT COIL

APN: P127128; XREFID: 4948-000-022-0000

LEGAL: LOT 22, PLAT OF SKAGIT HIGHLANDS DIVISION V (PHASE 2), ACCORDING TO THE PLAT THEREOF RECORDED ON JANUARY 17, 2008 UNDER AUDITOR'S FILE NO. 200801170047, RECORDS OF SKAGIT COUNTY, WASHINGTON; SITUATED IN SKAGIT COUNTY, WASHINGTON.

PROPERTY ADDRESS: 860 PANORAMA RIDGE, MOUNT VERNON, WA 98273 THIS IS A FIXTURE FILING

| 5. ALTERNATIVE DESIGNATION (If applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. L | IEN NON-UCC FILING |
|--|--------------------|
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum. If applicable TADDITIONAL FEE! TOURS TADDITIONAL FEE! TADDITIO | Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | |
| JENNY B MALACAD | |