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| Riccardi To MALING ADDRESS 1310 15th St Anacortes WA 98221 2. DEBTOR'S NAME: Provide only gate Debtor name (2a or 2b) (use exact full name, do not onli, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Tame will not fit in the 2b, leave all of items 2 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1A) 2a. DRGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Riccardi James 2c. MAILING ADDRESS 1310 15th St Anacortes WA 98221 CITY STATE POSTAL CODE COL Anacortes CITY STATE POSTAL CODE COL Anacortes WA 98221 CITY STATE POSTAL CODE COL Anacortes CITY STATE POSTAL CODE COL Anacortes ADDITIONAL NAME(SyINITIAL(S)) SUR BELIEVE PUGET SOUND COoperative Credit Union 3c. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUR 3c. MAILING ADDRESS 11201 SE 8th St, Ste 208 Believue WA 98004 CITY STATE POSTAL CODE WA 98004 CITY STATE POSTAL CODE WA 98004 CITY STATE POSTAL CODE WA 98004 COL TOTAL SURNAME ADDITIONAL NAME(SYINITIAL(S)) SUR ADDITIONAL NAME(SYINITIAL(S)) SUR ADDITIONAL NAME(SYINITIAL(S)) SUR CITY STATE POSTAL CODE WA 98004 CITY STATE POSTAL CODE COL ADDITIONAL NAME(SYINITIAL(S)) SUR ADDITIONAL NAME(SYINITIAL(S) SUR ADDITIONAL NAME(SYINITIAL(S) SUR ADDITIONAL NAME(SYINITIAL(S) SUR Bellevue ADDITIONAL NAME(SYINITIAL(S) SUR Bellevue ADDITIONAL NAME(SYINITIAL(S) SUR STATE POSTAL CODE COL TOTAL STATE POSTAL CODE COL | | Skagit Cou | nty Auditor, WA | |
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| - Indiana management | | A Debtor is a Trasmitting Utility | | |
| 7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Lice | 7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor | Consignee/Consignor Seller/Buy | er Bailee/Bailor License | ee/Licensor |

Chronos Tracking #7700345-61329 Loan# SBA Loan #

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