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Skagit County Auditor, WA

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	NAME & PHONE OF CONTACT AT FILER (optional)				
ᡖ	CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional)				
ľ	SPRFiling@cscglobal.com				
С	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	2337 72976	$\neg 1$			
	CSC 801 Adlai Stevenson Drive	' 			
	Springfield II 62702	Washington			
		(Skagit)			
Ļ	DEDTORIO WWW.			R FILING OFFICE USE	
1.	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide	I name; do not omit, modify, or abbreviate any pa the Individual Debtor information in item 10 of th			
	1a. ORGANIZATION'S NAME			·	
OI		T	Linning		
	16. INDIVIDUAL'S SURNAME Wenning	FIRST PERSONAL NAME Berta	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c	MAILING ADDRESS 5710 Sugarloaf Street	CITY		POSTAL CODE	COUNTRY
		Anacortes	WA	98221	USA
2.	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full				
	name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	the Individual Debtor information in item 10 of the	e Financing St	atement Addendum (Form U	CC1Ad)
	28. ONGANIZATION S NAME				
OI	R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
				OTATE IDOOT:: : : : : :	
20	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	LIDED BARTY): Provide only one Segured Barty	nama /2a ar 2h		
Э.	3a. ORGANIZATION'S NAME 1st Security Bank of Washingto	ONE D PARTY): Provide only one Secured Party	name (sa or si))	
OI					SUFFIX
	Sb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
		CITY		STATE POSTAL CODE	
3с	MAILING ADDRESS P O Box 97000	CITY	PIAIL		
3c	MAILING ADDRESS P. O. Box 97000	Lynnwood	WA	98046	USA
4.	COLLATERAL: This financing statement covers the following collateral:			98046	USA
<u>4</u>	COLLATERAL: This financing statement covers the following collateral:			98046	USA
۷ A	COLLATERAL: This financing statement covers the following collateral:	Lynnwood	WA		
∜ A L A	COLLATERAL: This financing statement covers the following collateral: Vindows PN: P59078 DT 32, SKYLINE NO. 2, ACCORDING TO THE PL ND 60, RECORDS OF SKAGIT COUNTY. WASHII	Lynnwood AT THEREOF RECORDED IN NGTON.	WA		
∜ A L A	COLLATERAL: This financing statement covers the following collateral: Indows PN: P59078 DT 32, SKYLINE NO. 2, ACCORDING TO THE PL	Lynnwood AT THEREOF RECORDED IN NGTON.	WA		
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⁴ √ A L A S	COLLATERAL: This financing statement covers the following collateral: findows PN: P59078 DT 32, SKYLINE NO. 2, ACCORDING TO THE PL ND 60, RECORDS OF SKAGIT COUNTY. WASHII ITUATE IN THE COUNTY OF SKAGIT. STATE OF	Lynnwood AT THEREOF RECORDED IN NGTON. F WASHINGTON	VOLUMI	E 9 OF PLATS, PA	AGES S9 al Representative

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Wenning FIRST PERSONAL NAME Berta ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY STATE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS:

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)