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08/11/2022 09:56 AM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

Alana Inks	
ainks011426@urmstores.com SEND ACKNOWLEDGMENT TO: (Name and Address) Alana Inks URM Stores, Inc. P.O. Box 3365 Spokane, WA 99220 DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not crint, modify, or abbreviate any part of the Debtor's name); if any part of the name will not it in line 1b, have all of item 1 blank, check here and provide the individual Debtor virormation in item 10 of the Financing Statement Addendum (Form 1b). InDIVIDUAL'S SURNAME ADDITIONAL NAME ADDITIONAL NAME ADDITIONAL NAME(S)/INITIAL(S) ANALING ADDRESS CITY STATE POSTAL CODE STATE POSTAL CODE	
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