

NAME & PHONE OF CONTACT AT FILER (polional) and Servicing 800 562 5515 EXT 8928 SEND ACKNOWLEDGMENT TO: (Name and Address) Requested by and return to: Salal Credit Union P.O. Box 75029 Scattle, WA 98175-0029 Intital Financing Statement file # Its. This Financing Statement for file # Its. This Financing Statement admitted above is terminated with respect to security interest(s) of the Secured Party authorizing this Tomination Statement (sometimes of the financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Tomination Statement (sometimes of the prinancing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Tomination Statement (sometimes of the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee in item 7a or 7b and address of assignee i	Sk ag 11 County Auditor CC FINANCING STATEMENT AMENDMENT DLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (polional) Loan Servicing 800 562 5515 EXT 8928 SEND ACKNOWLEDGMENT TO: (Name and Address) Requested by and return to: Salal Credit Union P.O. Box 75029 Scattle, WA 98175-0029 THE ABOVE SPACE IS FOR FILING OFFI To be filed for record, Terminated with respect to Security interesting of the Secured Party authorizing this Continuonation of the deditional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in filem 7c; and also give name of assignein item 7a or 7b and address of assignee in filem 7c; and also give name of assignein filem 8. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Elective record, Check only one of these two boxes. Also check and of the following three boxes and provide appropriate information in terms 6 and/or 7. CHRENT RECORD The amendment affects be appropriate information in terms 6 and/or 7. CHRENT RECORD The amendment affects be appropriate information in terms 6 and/or 7. CHRENT RECORD The ORMATION: Go. GRANIZATION'S NAME R. B. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME CHANCED NEW OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME ADD LINFO RE 7a. TYPE OF ORGANIZATION 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME To STATE POSTAL CODE 4. SEEINSTRUCTIONS GRANIZATION ORGANIZATION 7b. ORGANIZATION GRANIZATION ORGANIZATION To STATE POSTAL CODE	G OFFICE USE ONLY	Pages: 1 of 1	709/2022 02:31 Pigit County Auditor	(front and back) CAREFULLY NTACT AT FILER [optional] 562 5515 EXT 8928 ENT TO: (Name and Address) and return to: Jnion
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