ADDITIONAL NAME (S)/INITIAL(S)  ST PERSONAL NAME  ett   Franklin  STATE POSTAL CODE COUNTRY  Dunt Vernon  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  1c. MAILING ADDRESS  1c. MAILING ADD	ыдп Envelope ID: 15DCB/39	9-F626-4CE3-BCDA-C0A1F6	02	02302280092 2/28/2023 04:14 P agit County Audito	M Pages: 1 of 2 r, WA	Fees: \$204
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE POSTAL CODE COUNTRY  WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	A. NAME & PHONE OF CONTACT AT FILER (optional)  B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Craft3  PO Box 530233  Atlanta, GA 30353-0233  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only age Debtor name (1a or 1b) tuse exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  PIRST PERSONAL NAME SPIRST PERSONAL NAME Franklin  1c. MALING ADDRESS  CITY STATE POSTAL CODE COUNTRY Mount Vernon  WA 98273  USA  2. DEDTOR'S NAME: Provide only age Debtor name (2a or 2b) (use exact, full name, do not amit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  PROSTAL CODE Tone STATE POSTAL NAME (Form UCC1Ad)  PROVIDED PARTY'S NAME (Form UCC1Ad)  FIRST PERSONAL NAME ADDRESS  CITY STATE POSTAL CODE Johnson  Brett  PROTIDUAL'S SURNAME ADDRESS  CITY Mount Vernon  PROVIDED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only age Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY). Provide only age Secured Party name (3a or 3b)  SECURED PARTY'S NAME  ADDITIONAL NAME(s)/INITIAL(S)  SUFFIX  SOURCED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY). Provide only age Secured Party name (3a or 3b)  SECURED PARTY'S NAME  ADDITIONAL NAME(s)/INITIAL(S)  SUFFIX  SOURCED PARTY'S NAME  FIRST PERSONAL NAME ADDITIONAL NAME(s)/INITIAL(S)  SUFFIX  SOURCED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY). Provide only age Secured Party name (3a or 3b)						
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE POSTAL CODE COUNTRY  WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	E. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not it in line it b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. CRGANIZATION'S NAME  To MAILING ADDRESS  1c. MAILING		<b>FATEMENT</b>				
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Craft3 PO Box 530233 Atlanta, GA 30353-0233  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DETOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  To. MAILING ADDRESS TO. MAIL	A. NAME & PHONE OF CONTA	ACT AT FILER (optional)				
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE POSTAL CODE COUNTRY  WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Craft3 PO Box 530233 Atlanta, GA 30353-0233  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  OR  1b. Individual's SURNAME Johnson  1c. MAILING ADDRESS 16583 S Wall St  1c. MAILING	B. E-MAIL CONTACT AT FILER	R (optional)				
do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE POSTAL CODE COUNTRY  WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Craft3 PO Box 530233 Atlanta, GA 30353-0233  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only gng Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name) if in the Individual Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  To Pranklin  1c. MAILING ADDRESS To State Postal Code Country State Postal Code Country WA 98273  USA  2. DEBTOR'S NAME: Provide only gng Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Johnson  Brett  2c. MAILING ADDRESS To State Postal Code Country WA 98273  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  Mount Vernon  Sa. ORGANIZATION'S NAME  FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  Mount Vernon  Sa. ORGANIZATION'S NAME  FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  COUNTRY  WA  98273  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  OR  1b. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  FIRST PERSONAL NAME  STATE  POSTAL CODE  COUNTRY  WA  98273  COUNTRY  USA  2c. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Johnson  FIRST PERSONAL NAME  Johnson  STATE  POSTAL CODE  COUNTRY  USA  3c. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  Mount Vernon  WA  98273  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  WA  98273  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  WA  98273  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  WA  98273  SUFFIX  JOHNSON  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  WA  98273  SUFFIX  JOHNSON  Brett  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  WA  98273  SUFFIX  JOHNSON  STATE  POSTAL CODE  COUNTRY  POSTAL CODE	C. SEND ACKNOWLEDGMEN	I IO: (Name and Address)	٦			
do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  COUNTRY  WA  98273  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Atlanta, GA 30353-0233  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  Tib. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Brett  FIRST PERSONAL NAME  STATE POSTAL CODE  COUNTRY  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  Johnson  Ca. MAILING ADDRESS  CITY  Brownie do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ca. ORGANIZATION'S NAME  Johnson  Ca. MAILING ADDRESS  CITY  Mount Vernon  STATE  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  Mount Vernon  STATE  POSTAL CODE  COUNTRY  WA 98273  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY)  Provide only one Secured Party name (3a or 3b)  Sa. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFF	Craft3		1			
do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  COUNTRY  WA  98273  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name (1in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  To intributional Surname  Inc. MailLing Address  CITY  Mount Vernon  To internation in them 10 of the Financing Statement Addendum (Form UCC1Ad)  STATE POSTAL CODE  COUNTRY  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Brett  CITY  STATE  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  FIRST PERSONAL NAME  Johnson  CITY  Mount Vernon  WA 98273  COUNTRY  MOUNT Vernon  STATE  POSTAL CODE  COUNTRY  MOUNT Vernon  STATE  POSTAL CODE  COUNTRY  MOUNT Vernon  STATE  POSTAL CODE  COUNTRY  MOUNT Vernon  STATE  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SOURCED PARTY'S NAME  Craft3  3a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	PO Box 530233					
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  Tib. INDIVIDUAL'S SURNAME  Johnson  Brett  FIRST PERSONAL NAME  Brett  FIRST PERSONAL NAME  FORTAL CODE  COUNTRY  WA  98273  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  Brett  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  Mount Vernon  Brett  CITY  STATE POSTAL CODE  COUNTRY  Mount Vernon  Brett  CITY  STATE POSTAL CODE  COUNTRY  Mount Vernon  STATE POSTAL CODE  COUNTRY  Mount Vernon  STATE POSTAL CODE  COUNTRY  Mount Vernon  SCUPED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Atlanta, GA 30353	J-0233				
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  Tib. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Brett  FIRST PERSONAL NAME  FORTAL CODE  COUNTRY  WA  98273  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Brett  CITY  STATE  POSTAL CODE  COUNTRY  MOUNT Vernon  Brett  CITY  STATE  POSTAL CODE  COUNTRY  MOUNT Vernon  WA  98273  SUFFIX  SUFFIX  3a. ORGANIZATION'S NAME  OR  AGGINIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SCUITED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  S						
dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ett  Franklin  STATE POSTAL CODE  COUNTRY  WA 98273  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	name will not fil in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  Johnson  1c. MAILING ADDRESS  1c.	A DEDTODIO MANG					
ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  Franklin  STATE  POSTAL CODE  USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's fividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Ta. ORGANIZATION'S NAME  Tib. INDIVIDUAL'S SURNAME  Johnson  FIRST PERSONAL NAME  Brett  Franklin  CITY  Mount Vernon  CITY  Mount Vernon  Total Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta. ORGANIZATION'S NAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta. ORGANIZATION'S NAME  Tirst PERSONAL NAME  Johnson  Brett  CITY  STATE  Johnson  CITY  STATE  Mount Vernon  WA  JOHNSON  SUFFIX  Mount Vernon  WA  JOHNSON  SUFFIX  Mount Vernon  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  JOHNSON  STATE  JOHNSON  STATE  JOHNSON  STATE  JOHNSON  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  JOHNSON  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  JOHNSON  SUFFIX  JOHNSON  JOHNS						
ett Franklin  STATE POSTAL CODE COUNTRY WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Individual Surriame   Individual Surriame   Individual Surriame   Individual Debtor's name   Individual Debtor   I			•		,	
Pranklin  STATE POSTAL CODE COUNTRY WA 98273 USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's fividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Inc. INDIVIDUAL'S SURNAME   STATE   POSTAL CODE   COUNTRY   USA						
Dount Vernon  STATE POSTAL CODE USA  do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's fividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	CITY Mount Vernon  COUNTRY USA  COUNTRY  COUNTRY USA  COUNT	ID. INDIVIDUALS SURNAME					SUFFIX
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Mount Vernon   WA   98273   USA						
do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's fividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  CITY  Mount Vernon  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  Mount Vernon  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  CRAFTS  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX						
dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  ST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  CITY  Mount Vernon  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	16583 S Wall St		Mount vernon	WA	98273	USA
	16583 S Wall St  S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  Sa. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	2a. ORGANIZATION'S NAME	all of item 2 blank, check here	and provide the Individual Debtor information in			
	3a. ORGANIZATION'S NAME  Craft3  OR  3b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Johnson	all of item 2 blank, check here	and provide the Individual Debtor information in FIRST PERSONAL NAME Brett	ADDITIC	ONAL NAME(S)/INITIAL(S)	SUFFIX
PARTY): Provide only one Secured Party name (3a or 3b)	3a. ORGANIZATION'S NAME  Craft3  OR 3b. INDIVIDUAL'S SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX	2a. ORGANIZATION'S NAME  DR 2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS	all of item 2 blank, check here	and provide the Individual Debtor information in  FIRST PERSONAL NAME  Brett  CITY	ADDITIC STATE	ONAL NAME(S)/INITIAL(S)	SUFFIX
	OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St		and provide the Individual Debtor information in FIRST PERSONAL NAME Brett CITY Mount Vernon	ADDITIC STATE WA	POSTAL CODE 98273	SUFFIX
	30. INDIVIDUAL'S SURNAINE PIRST PERSONAL NAME ADDITIONAL NAINE(S)/INTITIAL(S)	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  3a. ORGANIZATION'S NAME		and provide the Individual Debtor information in FIRST PERSONAL NAME Brett CITY Mount Vernon	ADDITIC STATE WA	POSTAL CODE 98273	SUFFIX
T PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	20 MAILING ADDESS	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Graft3		FIRST PERSONAL NAME Brett CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S	ADDITIC STATE WA Secured Parly name (3a or 3	POSTAL CODE 98273 b)	SUFFIX
CTATE DOCTAL CORE CONSTRUCT		2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S WAII St  3. SECURED PARTY'S NAME  Graft3		FIRST PERSONAL NAME Brett CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S	ADDITIC STATE WA Secured Parly name (3a or 3	POSTAL CODE 98273 b)	SUFFIX
ISLATE TECSTAL CODE TO CALINITY	42 7th Street, Suite 100 Astoria OR 97103 USA	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Graft3  3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME Brett CITY Mount Vernon SNOR SECURED PARTY): Provide only one S	STATE WA Secured Parly name (3a or 3	POSTAL CODE 98273 b) POSTAL CODE	SUFFIX
		2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Graft3  3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS		FIRST PERSONAL NAME Brett CITY Mount Vernon SNOR SECURED PARTY): Provide only one S FIRST PERSONAL NAME CITY	STATE WA Secured Parly name (3a or 3 ADDITIC	POSTAL CODE  98273  DIVAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX  COUNTRY  SUFFIX  COUNTRY
		2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME		and provide the Individual Debtor information in FIRST PERSONAL NAME Brett CITY Mount Vernon	ADDITIC STATE WA	POSTAL CODE 98273	
		2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  c. MAILING ADDRESS  16583 S Wall St  SECURED PARTY'S NAME  Ga. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS		FIRST PERSONAL NAME Brett CITY Mount Vernon SNOR SECURED PARTY): Provide only one S FIRST PERSONAL NAME CITY	STATE WA Secured Parly name (3a or 3 ADDITIC	POSTAL CODE  98273  DIVAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX  COUNTRY  SUFFIX  COUNTRY
otoria OR 97103 USA		2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  c. MAILING ADDRESS  16583 S Wall St  SECURED PARTY'S NAME  3a. ORGANIZATION'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  42 7th Street, Suite 100  COLLATERAL: This financing	IE (or NAME of ASSIGNEE of ASS	FIRST PERSONAL NAME Brett CITY Mount Vernon GNOR SECURED PARTY): Provide only one S FIRST PERSONAL NAME CITY Astoria	STATE WA Secured Parly name (3a or 3 ADDITIC	POSTAL CODE  98273  DIVAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX  COUNTRY  SUFFIX  COUNTRY
ornon, WA 98273	Septic system repair or replacement at 16583 S Wall St, Mount Vernon, WA 98273 Abbreviated Legal Description: DK 3: LOT 4, SOUTH WALL STREET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS,PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON. Assessor's Parcel Number: P69697 Township-Range-Section: 34-4E-30	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Craft3  OR  3b. INDIVIDUAL'S SURNAME  Craft3  OR  42 7th Street, Suite 100  COLLATERAL: This financing: Septic system repair or re Abbroviated Legal Descrip RECORDS OF SKAGIT CO Assessor's Parcel Numbe  Township-Range-Section:	statement covers the following collat placement at 16583 S Wall otton: DK 3: LOT 4, SOUTH DUNTY, WASHINGTON.	FIRST PERSONAL NAME Brett CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S FIRST PERSONAL NAME CITY Astoria eral: St, Mount Vernon, WA 98273	STATE WA Secured Parly name (3a or 3  ADDITIC	POSTAL CODE  98273  b)  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  97103	SUFFIX COUNTRY SUFFIX COUNTRY USA
rnon, WA 98273 ET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 70,  CC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative	Septic system repair or replacement at 16583 S Wall St, Mount Vernon, WA 98273 Abbreviated Legal Description: DK 3: LOT 4, SOUTH WALL STREET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS,PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON. Assessor's Parcel Number: P69697 Township-Range-Section: 34-4E-30 Full legal description on page 2.	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS  42 7th Street, Suite 100  4. COLLATERAL: This financing: Septic system repair or re Abbreviated Legal Descrip RECORDS OF SKAGIT CO Assessor's Parcel Numbe  Township-Range-Section: Full legal description on p	statement covers the following collat placement at 16583 S Wall otton: DK 3: LOT 4, SOUTH DUNTY, WASHINGTON. r: P69697: 34-4E-30 page 2.	FIRST PERSONAL NAME Brett CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S FIRST PERSONAL NAME  CITY Astoria  eral: St, Mount Vernon, WA 98273 WALL STREET ADDITION, AS PEI	ADDITIC STATE WA Secured Parly name (3a or 3  ADDITIC STATE OR  R PLAT RECORDED I	POSTAL CODE  98273 b)  POSTAL CODE  98273 b)  POSTAL CODE  97103  N VOLUME 7 OF PLA  ered by a Decedent's Persona	SUFFIX COUNTRY SUFFIX COUNTRY USA TS,PAGE 70,
crnon, WA 98273 ET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 70,  Deing administered by a Decedent's Personal Representative  6b. Check only if applicable and check only one box:	Septic system repair or replacement at 16583 S Wall St, Mount Vernon, WA 98273 Abbreviated Legal Description: DK 3: LOT 4, SOUTH WALL STREET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS,PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON. Assessor's Parcel Number: P69697 Township-Range-Section: 34-4E-30 Full legal description on page 2.  5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Craft3  3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS  42 7th Street, Suite 100  4. COLLATERAL: This financing: Septic system repair or re Abbreviated Legal Descrip RECORDS OF SKAGIT CO Assessor's Parcel Numbe  Township-Range-Section: Full legal description on p	statement covers the following collate placement at 16583 S Wall of the placement at 16583 S Wall o	FIRST PERSONAL NAME Brett CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S  FIRST PERSONAL NAME  CITY Astoria  eral: St, Mount Vernon, WA 98273 WALL STREET ADDITION, AS PEI	ADDITIC STATE WA Secured Parly name (3a or 3  ADDITIC STATE OR  ADDITIC STATE OR  ADDITIC STATE OR  ADDITIC STATE OR  ADDITIC	POSTAL CODE 98273 b)  POSTAL CODE 98273 b)  POSTAL CODE 97103  N VOLUME 7 OF PLA  red by a Decedent's Persona if applicable and check only	SUFFIX COUNTRY SUFFIX COUNTRY USA TS,PAGE 70,
CC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative  6b. Check only if applicable and check only one box:  A Debtor is a Transmitting Utility  OR 97103  USA  USA  Decedent's Personal Representative  6b. Check only if applicable and check only one box:  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing	Abbreviated Legal Description: DK 3: LOT 4, SOUTH WALL STREET ADDITION, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON. Assessor's Parcel Number: P69697 Township-Range-Section: 34-4E-30 Full legal description on page 2.  5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction   A Debtor is a Transmitting Utility   Agricultural Lien   Non-UCC Filing	2a. ORGANIZATION'S NAME  DR  2b. INDIVIDUAL'S SURNAME  Johnson  2c. MAILING ADDRESS  16583 S Wall St  3. SECURED PARTY'S NAME  Craft3  OR  3b. INDIVIDUAL'S SURNAME  4. COLLATERAL: This financing: Septic system repair or re Abbreviated Legal Descrip RECORDS OF SKAGITCO  Assessor's Parcel Numbe  Township-Range-Section: Full legal description on p	statement covers the following collate placement at 16583 S Wall points on the point of the placement at 16583 S Wall points on the placement of the placement	FIRST PERSONAL NAME Brett  CITY Mount Vernon  SNOR SECURED PARTY): Provide only one S  FIRST PERSONAL NAME  CITY Astoria  eral:  St, Mount Vernon, WA 98273  WALL STREET ADDITION, AS PEI	ADDITIC STATE WA Secured Parly name (3a or 3  ADDITIC STATE OR  R PLAT RECORDED I  tions)	POSTAL CODE  98273  b)  POSTAL CODE  98273  b)  POSTAL CODE  97103  N VOLUME 7 OF PLA  ared by a Decedent's Persona if applicable and check only thural Lien Non-UCC	SUFFIX COUNTRY  SUFFIX COUNTRY USA  TS,PAGE 70,  All Representative one box: Filing

## 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 Johnson FIRST PERSONAL NAME Brett ADDITIONAL NAME(S)/INITIAL(S) Franklin 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY STATE POSTAL CODE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11c. MAILING ADDRESS COUNTRY POSTAL CODE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate LOT 4 OF "SOUTH WALL STREET ADDITION", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 70, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF (if Debtor does not have a record interest) WASHINGTON. Assessor's Parcel Number: P69697.

17. MISCELLANEOUS: