202403220014 03/22/2024 10:48 AM Pages: 1 of 1 Fees: \$303.50

A. NAME & PHONE OF CONTACT AT FILER [optional] Loan Servicing 800 562 5515 EXT 8928 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Requested by and return to: Salal Credit Union P.O. Box 75029 Seattle, WA 98175-0029 1a. INITIAL FINANCING STATEMENT FILE # 202210180022 2. TERMINATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b Also check one of the following three boxes and provide appropriate informatic in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OLSON 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	ntified above is terminated with respect identified above with respect to securification or 7b and address of assignee in iterifects Debtor or Secured Paraformation in items 6 and/or 7.	pect to security interest(s) of the Se curity interest(s) of the Se n item 7c; and also give nai d Party of record. Check of s: Give record name	DVE SPACE IS FO 1b. Thi to 1 (s) of the Secured Party auth change of assignor in the control of these	orizing this Continuation S	E ONLY T AMENDMENT orded) in the
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