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Skagit County Auditor, WA

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	STATE	POSTAL CODE	COUNTRY
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SONAL NAME	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX
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rovide only one Secured Party nar	me (3a or 3b)	•	•
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ne	THE ABOV modify, or abbreviate any part of the lebtor information in item 10 of the lebtor in item 10 of the lebtor information in item 10 of the lebtor infor	modify, or abbreviate any part of the Debtor's name); if a ceptor information in item 10 of the Financing Statement. SONAL NAME ADDITIONAL NAME STATE WA ADDITIONAL NAME ADDITIONAL NAME SONAL NAME ADDITIONAL NAME ADDITIONAL NAME STATE	THE ABOVE SPACE IS FOR FILING OFFICE USE modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) SONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE 98232 modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) SONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

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 <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: HURD529