



202508180049

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Skagit County Auditor

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Funding Group 206.298.9394 ext 8903
B. E-MAIL CONTACT AT SUBMITTER (optional) consumerfunding@salalcu.org
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Recording requested by and return to: Salal Credit Union PO Box 75029 Seattle, WA 98175-0029 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 MAKSIN		FIRST PERSONAL NAME LAWRENCE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4348 BLANK RD		CITY SEDRO WOOLLEY	STATE WA	POSTAL CODE 98284-8909	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					
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY USA

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 Salal Credit Union					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 75029		CITY Seattle	STATE WA	POSTAL CODE 98175-0029	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

SPA; COAST NW ELEMENT LOUNGE SPECIAL 40LP SPA IN STERLING MARBLE (ACRYLIC)/COFFEE (MAINTENANCE FREE CABINET), S/N 21010347, TO INCLUDE BUT NOT LIMITED TO WATERLINE LED LIGHTING, O3 ONE ADVANCED OZONE, COVERMATE I 14" COVER LIFT, DURASTEP II IN ESPRESSO AND SPA FROG AT EASE FLOATING SYSTEM

P49935 - Section 25, Township 36 N, Range 4 E, W.M.

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

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Baïlor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
236821

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

OR

9b. INDIVIDUAL'S SURNAME

MAKSIN

FIRST PERSONAL NAME

LAWRENCE

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

USA

11. 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)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

JEANETTE MAKSIN
4348 BLANK RD
SEDRO WOOLLEY WA 98284

14. This FINANCING STATEMENT:

 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

APN: P49935

ALT APN: 36042520080003

LEGAL: Tract 5 of Parcel Map and Survey No. 111-76, approved July 30, 1976, recorded August 5, 1976, under Auditor's File No. 840287, in Volume 1 of Short Plats, page 153, being a portion of the NE 1/4 of the NW 1/4; and of the SE 1/4 of the NW 1/4; and the NW 1/4 of the NE 1/4 and of the SW 1/4 of the NE 1/4 of Section 25, Township 36 N, Range 4 E, W.M. Situate in the County of Skagit, State of Washington.

17. MISCELLANEOUS: