

This FINANCING STATEMENT is presented to filing officer for filing pursuant to the Uniform Commercial Code.

No. of additional sheets presented:

1. Debtor(s) (last name first, and mailing address(es))

HODGES, GLEN H & WILMA  
HP 44 Butler Loop Rd  
Skamania, W 98648

2. Secured Party(ies) and address(es):

HOUSEHOLD FINANCE CORP.  
233 NE 4th Ave  
Caras, WA 98607

3. Maturity date (if any):

4. FOR FILING OFFICER ONLY  
(Date of Filing Office) 2299

FILED BY H. E. C.

WILLOMA M. APRIL 5 1982

DEPUTY COUNTY AUDITOR

SKAMANIA COUNTY, WASH

5. This Financing Statement covers the following types (or items) of property. (Use this space for Real Property description if required.)

65324

ALL HOUSEHOLD AND CONSUMER GOODS

6. Assignee(s) of Secured Party(ies) and address(es)

CHECK  IF COVERED  Proceeds of collateral are also covered  Products of collateral are also covered

Filed with Skamania County Auditor

The collateral described herein is brought into this state already subject to a security interest in the state of

BY: Glen H. Hodges  
Wilma E. Hodges  
SIGNATURE(S) OF DEBTOR(S)

BY: Household Finance Corp  
Signature of Secured Party or Assignee of Record (Not Valid until Signed)

FILING OFFICER

WASHINGTON STATE UCC 1

FORM APPROVED BY A. LUDLOW KRAMER SECRETARY OF STATE (4-67)

PLEASE TYPE FORM

This FINANCING STATEMENT is presented for filing pursuant to the WASHINGTON UNIFORM COMMERCIAL CODE to perfect a security interest in the below named collateral, unless otherwise indicated immediately below.

LEASE — This filing is for informational purposes only. The terms debtor and secured party are to be construed as LESSEE and LESSOR.  
 CONSIGNMENT — This filing is for informational purposes only. The terms debtor and secured party are to be construed as CONSIGNEE and CONSIGNOR.

1. DEBTOR(S) (or assignor(s)) (last name first and address(es)):

Slattery Equipment Company  
4403 20th Street East  
Fife, WA 98424

2. FOR OFFICE USE ONLY

INSTRUMENT NO 2299  
FILED BY E.T. Reynolds  
AT 1-8-5-3-88  
E. Reynolds

TRADE NAME (if any):

3. SECURED PARTY(IES) (or assignee(s)) (name and address):

Mid-Columbia Economic Development Dist.  
502 East 5th Street, Annex B  
The Dalles, OR 97058

4. ASSIGNEE(S) OF SECURED PARTY(IES) (if applicable) (last name first and address(es)):

Registered  
In  
In  
Filed  
Filed

5. CHECK IF APPLICABLE

Products of collateral are also covered  
 Filing covers a security interest in collateral including fixtures of a TRANSMITTING UTILITY and remains effective until terminated

6. NUMBER OF ADDITIONAL SHEETS PRESENTED

For Informational Purposes Only  
Check Box if Filing Covers Consumer Goods

7. This FINANCING STATEMENT covers the following types or items of property:

DEMAG top running Crane, Type C-EKKE with DEMAG trolley hoist type EKP 210 G 8H11L 4/1F10 and the control unit, General Electric Model No. 500

8. RETURN ACKNOWLEDGMENT COPY TO:

Mid-Columbia Economic Development District  
502 East 5th St., Annex B.  
The Dalles, OR 97058

FILE WITH

UNIFORM COMMERCIAL CODE DIVISION  
DEPARTMENT OF LICENSING  
P.O. BOX 9666  
OLYMPIA, WA 98504

FOR OFFICE USE ONLY

Pages to Be Filled

9. This statement is signed by the Secured Party (es) instead of the Debtor(s) to perfect a security interest in collateral. Please check appropriate box:

- (a) already subject to a security interest in another jurisdiction when it was brought into this state or when the debtor's location was changed to this state; or
- (b) which is proceeds of the original collateral described above in which a security interest was perfected; or
- (c) as to which the filing has lapsed; or
- (d) acquired after a change of name, identity, or corporate structure of the debtor(s).

Complete with box (a) if the debt completely secures the debtor's obligation and:

Original filing number \_\_\_\_\_  
Filing state where filed \_\_\_\_\_  
Former name of debtor(s) \_\_\_\_\_

10.

Slattery Equipment Co.

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

*[Signature]*

Mid-Columbia Economic Development Dist.

TYPE NAME(S) OF SECURED PARTY(ES) (or assignee(s))

SIGNATURE(S) OF SECURED PARTY(ES) (or assignee(s))

*[Signature]*