

126115

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

1. DEBTOR (LAST NAME FIRST - IF AN INDIVIDUAL) CHANDLER, Kathy L.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]	
1B. MAILING ADDRESS HC 66 Box 399		1C. CITY, STATE Cascade Locks, Oregon	1D. ZIP CODE 97014
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST - IF AN INDIVIDUAL)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NUMBER	
4. SECURED PARTY NAME U.S. SMALL BUSINESS ADMINISTRATION MAILING ADDRESS 200 West Santa Ana Boulevard #700 CITY Santa Ana, California, 92701 STATE _____ ZIP CODE _____		4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME _____ MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4). All leasehold improvements (including but not limited to the building) located at 64 Lakeview Road, White Salmon, Washington also known as Northwestern Lake Cabin Site No. 36B as shown in map attached hereto, now owned, hereafter acquired, or purchased in whole or in part from the proceeds of this SBA Loan # DLH 92297730-06, and/or the proceeds of any disposition thereof, and any other address pertaining to this loan.			
7. CHECK IF APPLICABLE	7A. ☐ PRODUCTS OF COLLATERAL ARE ALSO COVERED	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5(A) ITEM: ☐ (1) ☐ (2) ☐ (3) ☐ (4)	
8. CHECK IF APPLICABLE	9105 ☐ (1) (N) DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC		
9. SIGNATURE(S) OF DEBTOR(S) <i>Kathy Lea Chandler</i> Kathy Lea Chandler		DATE: 8/26/96	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) FILED FOR RECORD SKAMANIA CO. WASH BY SKAMANIA CO. TITLE AUG 28 12 45 PM '96 <i>Olson</i> AUDITOR GARY M. OLSON
TYPE OR PRINT NAME(S) OF DEBTOR(S)		CODE	
By:		1	
SIGNATURE(S) OF SECURED PARTY(IES) FOR U.S. SMALL BUSINESS ADMINISTRATION		2	
TYPE OR PRINT NAME(S) OF SECURED PARTY(IES)		3	
11. Return copy to: NAME U.S. Small Business Administration ADDRESS Disaster Assistance - Area 4 CITY P.O. Box 13795 STATE Sacramento, California 95853-4795 ZIP CODE Attn: Legal Department, RE: 2836-02816 / DLH 92297730-06		4	
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		Mailed ☒	

(1) FILING OFFICER COPY

FORM UCC-1 - FILING FEE \$ 3.00
Approved by the Secretary of State

