	LASER PRINTED	FUNITI
UCC-2	-	
COUNTY AUDITOR		THIS SPACE PROVIDED FOR REPORDER'S USE:
Fixture Filing		SKAMANIA CO. WASH BY SKAMANIA CO, TITLE
		u 10 2 DV 102
WHEN RECORDED RETURN TO:		Hov 16 3. 43 PH 193
WHEN NECONDED RETURN TO.		J. Jaury
Name Loan Service Center		GARY M. OLSON
1297 Washington Street		
Address P.O. Box 8904		
City, State, Zip Vancouver, WA 90660-8004		
117969		BOOK 139 PAGE 546
. Debtor(s): (last name first, and mailing ad designs	2. Secured Party(res) and address(es);	3. Assignee(s) of Secured Party(ies) and addresses
BURNS, JACQUELINE D	FIRST INDEPENDENT BANK	4 " / P
PO BOX 186	STEVENSON OFFICE	
Structon WH GROUP	PO BÚX 340 STEVENSON, WA 98648-0340	
Structuson WH 98648	STEVENSON, WA SEE SE-03-0	
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	~ ~ ~ ~	
THIS FIXTURE FILING SHALL COVER COLLATER		VING DESCRIBED PROPERTY. Plets, Page 16, under Skainania County File No. 834
THIS FIXTURE FILING COVERS THE FOLLOWING All Fixtures; whether any of the foregoing is or any of the foregoing; all records of any kind in general intangibles, and accounts proceeds) 4. The debtor is the record owner. 5. This statement is signed by the Secured Party(ies) instead of security interest in collaterat. (Please check appropriate box) (a) already subject to security interest in another jurishis state, or when the debtor's location was cha	whed now or acquired later; att according to any of the foregoing; all p	essions, additions, replacements, and substitutions related recedes relating to any of the foregoing (including ins
(b) which is proceeds of the original collateral descr	is diction when it was brought into nged to this state, or	complete as applicable for (a), (b), and (c). Original recording number
interest was perfected, or	is diction when it was brought into nged to this state, or	complete as applicable for (a), (b), and (c). Original recording number Office where recorded
interest was perfected, or (c) as to which the recording has tapsed, or	is diction when it was brought into nged to this state, or ibed above in which a security	complete as applicable for (a), (b), and (c). Original recording number
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COPY 1 - COUNTY AUDITOR

1-7-20-3-4-1100

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON