A NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 8. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647 LIA. INITIAL FINANCING STATEMENT FILE # BOOK 228 PAGES 469-491 AUG 26, 2002 2. TERMINATION: Electricity across of the Financing Statement identified above is terminated with respect to security interest(s) of the 3 continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in litem 7 or 7b and address of assignee in litem 7c and address of assignee in litem 7c. HANGE areas catalogic in an andre address. One catalogic appropriate information in litem 7c. GUISTEN TRANSPORTATION TO THE ADDRESS AND ADDRES	2006162590 of 1 08/09/2006 01:03P by: FIRST MUTUAL SAVINGS BANK B. Recorded in Official Records MANIA COUNTY HAEL GARVISON
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3. CONTINUATION: Effectiveness of the Financing Statement identitied above with respect to security interest(s) of the Security continued for the additional period provided by applicable faw. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only Also check gag of the following three boxes and provide appropriate information in items and/or address. Give current record name in item 8a or 6b; also give new harm (if in ame change) in fig. 7a or 7b and/or new address (if address change) in item 7c. In items is an in items and/or address. Give current record name in item 8a or 6b; also give new harm (if in ame change) in fig. 7a or 7b and/or new address (if address change) in item 7c. In items 6a or 6b. 6c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID 8. SSN OR EIN ADDRED INFORMATION: 7a. ORGANIZATION NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID 8. SSN OR EIN ADDRED INFORMATION: CORGANIZATION PROPERTY OF RECORD AUTHORIZATION TO A JURISDICTION OF ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral delected or address. Change in this is an Assigne adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and onter name of D 9a. ORGANIZATION'S NAME	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the HEAL ESTATE RECORDS.
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5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in items 6a or 60; also give new DELETE name: Give recording hame (if name change) in item 7a or 7b and/or new address (if address change) in item 7a. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME AALVIK 7c. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS CITY 7d. TAX ID 8: SSN OR EIN ADDLINFO RE ORGANIZATION DESTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral ordeted or ordeted or didded, or give entire restated collateral description, or describe collateral assigned adds collateral ordeted and or give entire restated collateral description, or describe collateral assigned adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D 9a. ORGANIZATION'S NAME	red Party authorizing this Continuation Statement is
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