		Doc # 2007167848				
		Page 1 of Nate: 1 (/2007 02:	620	
				MUTUAL SAVINGS BAN		
······································				in Official Recor		
		of SKAMAN			'05	
		SKAMANIA				
CC FINANCING STATEMENT		J MICHAEL				
DLLOW INSTRUCTIONS (front and back) CAREFULLY		Fee: \$40.		U)1		
. NAME & PHONE OF CONTACT AT FILER [optional]		166. 470.	00			
OAN SERVICING 800-755-8015						
. SEND ACKNOWLEDGMENT TO: (Name and Address)						
_	<u> </u>					
FIRST MUTUAL BANK	ļ.					
	İ			4.	-	
PO BOX 1647						
				7		
BELLEVUE, WA 98009-1647				- 10		
			- 46	D. 75.		
			4	_		
		THE ABOVE SPA	CE IS FOR	FILING OFFICE USE O	NLY	
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbrevia	te or combine names				
1a. ORGANIZATION'S NAME			7	/ ///		
		- 1				
16. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX	
BOWMAN	JEFF_		llb. "		1	
MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY	
22 TOMBLESON RD	STEVENSO)N	WA	98690		
			1	NIZATIONAL ID #, if any	1	
TAX ID #: SSN OR EIN ADD'L INFO RE 18, TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION C	JF ORGANIZATION	II OHGA	NIZATIONAL ID #, II ariy	_	
DEBTOR					NONE	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) -	do not abbreviate or combine na	mes			
2a. ORGANIZATION'S NAME		70				
	ъ т					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX	
		_	- 4	h. 1		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
WALLING ADDITION						
The second secon	at hibiopiotical	TODOANIZATION	OPCA	NIZATIONAL ID #, if any	<u> </u>	
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	21.30HISDICTION	FORGANIZATION	JZU. ONGA	NIZATIONACID #, II aliy		
DEBTOR					NONE	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR	R S/P) - insert only one s	ecured party name (3a or 3b)				
3a. ORGANIZATION'S NAME FIRST MUTUAL BANK	•	1		\sim \sim	0 0	
FINGT WIOTOAL BANK		12	1006.	Jon Sm	9-28-	
3b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE		SUFFIX	
		N //	-			
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
O BOX 1647	BELLEVUE		WA	98009-1647	-	
O BOX 1047	DELLEVOL		1 "	00000 1047		
This FINANCING STATEMENT covers the following collateral:						
VINDOWS	h. /	7				
ARCEL ID: 03-08-27-4-0-1600-00		7				
, <u></u>						
BBREVIATED LEGAL: SEC 27 & 34, TWN 3 N, R	8 E.W.M.: LT	1. WILLIAM RIKE S	HORT	PLAT.		
DETERMINED ELUME, DEC 27 & 04, 14414 O N, N	J =	.,				
EGAL: SECTION 27 AND 34, TOWNSHIP 3 NORT		EWM MODE DAD	TICH	ABI V DESCOIPE	D 49.	
EGAL: SECTION 27 AND 34, TOWNSHIP 3 NORT	IT, DANGE 81	E.VV.IVI, IVIONE MAN	DECO	AUF DESCUIDE	ii AG.	
OT 1 OF THE WILLIAM RIKE SHORT PLAT, REC	OUDED WIRE	JUN 3, FAUE 115,	nevul	JUS OF SKAINAIN	IIA	
COUNTY, WASHINGTON.						
ITUATE IN THE COUNTY OF SKAMANIA, STATE	OF WASHING	GTON [[1]	YTII	DE EIL INIZ	~ \\	
		1 1.	\wedge 1 U	RE FILING	ا X اد	
DDRESS: 62 TOMBLESON RD, STEVENSON, W	/A 98690					
ALTERNATIVE DEGICINATION WITH A PROPERTY OF THE PROPERTY OF TH	NOMEE/CONSIGNION	BAU SERBAU OD LA	ELLEA/BU\	YER AG, LIEN N	ION-UCC FILING	
	SIGNEE/CONSIGNOR AL 7 Check to RE	BAILEE/BAILOR S QUEST SEARCH REPORT(S)				
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REALESTATE RECORDS. Attach Addendum [if applic	ablel IADDITIONA	L FEET CODIC	nali	" All Debtors Debt	or 1 Debtor 2	
OPTIONAL FILER REFERENCE DATA			d 11	o Skamania		
OMMAN IEEE 51-120757-08			ᅐᄖ	71 & 12	3.14	