

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                               |  |
|---------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                 |  |
| GROUP HEALTH CREDIT UNION<br>PO BOX 19340<br>SEATTLE WA 98109 |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                        |                                   |                          |                                  |                                 |             |         |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------|---------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names |                                   |                          |                                  |                                 |             |         |
| 1a. ORGANIZATION'S NAME                                                                                                |                                   |                          |                                  |                                 |             |         |
| OR                                                                                                                     | 1b. INDIVIDUAL'S LAST NAME        |                          | FIRST NAME                       | MIDDLE NAME                     | SUFFIX      |         |
|                                                                                                                        | COOGAN                            |                          | MICHAEL                          | S                               |             |         |
| 1c. MAILING ADDRESS                                                                                                    |                                   |                          | CITY                             | STATE                           | POSTAL CODE | COUNTRY |
| 823 CELILO                                                                                                             |                                   |                          | NORTH BONNEVILLE                 | WA                              | 98639       |         |
| 1d. SEE INSTRUCTIONS                                                                                                   | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |             |         |
|                                                                                                                        |                                   |                          |                                  | <input type="checkbox"/> NONE   |             |         |

|                                                                                                                                   |                                   |                          |                                  |                                 |             |         |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------|---------|
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names |                                   |                          |                                  |                                 |             |         |
| 2a. ORGANIZATION'S NAME                                                                                                           |                                   |                          |                                  |                                 |             |         |
| OR                                                                                                                                | 2b. INDIVIDUAL'S LAST NAME        |                          | FIRST NAME                       | MIDDLE NAME                     | SUFFIX      |         |
|                                                                                                                                   | COOGAN                            |                          | LELA                             | A                               |             |         |
| 2c. MAILING ADDRESS                                                                                                               |                                   |                          | CITY                             | STATE                           | POSTAL CODE | COUNTRY |
| 823 CELILO                                                                                                                        |                                   |                          | NORTH BONNEVILLE                 | WA                              | 98639       |         |
| 2d. SEE INSTRUCTIONS                                                                                                              | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |             |         |
|                                                                                                                                   |                                   |                          |                                  | <input type="checkbox"/> NONE   |             |         |

|                                                                                                                            |                            |  |            |             |             |         |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|--|------------|-------------|-------------|---------|
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b) |                            |  |            |             |             |         |
| 3a. ORGANIZATION'S NAME                                                                                                    |                            |  |            |             |             |         |
| GROUP HEALTH CREDIT UNION                                                                                                  |                            |  |            |             |             |         |
| OR                                                                                                                         | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
|                                                                                                                            |                            |  |            |             |             |         |
| 3c. MAILING ADDRESS                                                                                                        |                            |  | CITY       | STATE       | POSTAL CODE | COUNTRY |
| PO BOX 19340                                                                                                               |                            |  | SEATTLE    | WA          | 98109       |         |

4. This FINANCING STATEMENT covers the following collateral:

VINYL SIDING, WINDOWS

APN: 02072034230000

LEGAL: LOT 23 BK 8 RELOCATED NORTH BONNEVILLE 9, 117SQ FT - , COUNTY OF SKAMANIA, STATE OF WASHINGTON

|                                                                                                                                   |  |                                                                               |                     |               |              |          |                |          |          |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|---------------------|---------------|--------------|----------|----------------|----------|----------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                       |  | LESSEE/LESSOR                                                                 | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |          |          |
| 6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) |  | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) |                     | All Debtors   |              |          |                | Debtor 1 | Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                  |  |                                                                               |                     |               |              |          |                |          |          |