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LOW INSTRUCTION NAME & PHONE OF C	ONTACT AT FILE	R [optional]				
ames L. Kacena, SEND ACKNOWLEDG						
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1b. INDIVIDUAL'S LAST NAME Mera			FIRST NAME Anais	MIDDLE	NAME	SUFF
MAILING ADDRESS			CITY	STATE		
1 Little Buck Cre			Underwood		98651 ANIZATIONAL ID #, if any	US
TAX ID#: SSN OR EIN	ORGANIZATION	16. TYPE OF ORGANIZATION Individual	1f. JURISOICTION OF ORGANIZATION Washington	I Ig. UKG	ANIZATIONAL ID#, # any	
DDITIONAL DEBTO	DEBTOR R'S EXACT FULL		ne debter name (2a or 2b) - do not abbreviate or	combine names		
2a. ORGANIZATION'S N						
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	ORGANIZATION DEBTOR				7 7	
		f TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured party name (3a or 3b)	-	
ECURED PARTY'S 38, ORGANIZATION'S N					MIDDLE NAME SUFF	
3a, ORGANIZATION'S N	AME					
3a, ORGANIZATION'S N 3b, INDIVIDUAL'S LAST	AME		FIRST NAME Talia	MIDDLE	NAME	3011
3a, ORGANIZATION'S N	NAME		FIRST NAME Talia CITY White Salmon	STATE WA	POSTAL CODE 98672	COUN

AFN #2010176858 Recorded 11/04/10 at 03:43 PM DocType: UCC Filed by: JAMES L.

KACENA PLLC Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFN #2010176858 Page: 2 of 2

ANAIS MERA

STATE OF WASHINGTON)

County of Klickitat

On this day, personally appeared before me Anais Mera, to me known to the individual described herein and who executed the foregoing instrument and acknowledged that he signed the same as his/her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this

day of November, 2010

Notary Public in and for the State of Wa

My commission expires: January 29, 20 1

STATE OF WA