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CC FINANCING S	TATEMENT				
	front and back) CAREFULLY				
NAME & PHONE OF CON	TACT AT FILER [optional]				
SEND ACKNOWLEDGME	NT TO: (Name and Address)			-	
Salal Credit U PO Box 19340	*				
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	;		THE ABOVE SPACE IS	FOR FILING OFFIC	E USE ONLY
DEBTOR'S EXACTFULL	LEGAL NAME - insert only one debtor n	ame (1a or 1b) - do not abbreviate or combine			
1a, ORGANIZATION'S NAME					
1b. INDIVIDUAL'S LAST NAM	: 	FIRST NAME	MID	DLE NAME	SUF
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3231 COOK UN	DERWOOD RD ADD'L INFO RE 10. TYPE OF ORGAN	UNDERWO		A 98651 ORGANIZATIONAL ID#,	if any
16	DRGANIZATION  DEBTOR	IZATION PILIURIAN CITOR OF CIT	l s		<b>,</b>
ADDITIONAL DEBTOR'S	EXACT FULL LEGAL NAME - inse	ert only <u>one</u> debtor name (2a or 2b) - do no	ot abbreviate or combine names		··-
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2b. INDIVIDUAL'S LAST NAM	WE	FIRST NAME	MID	DLE NAME	SUF
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SEEINSTRUCTIONS	ADD'L INFO RE 26, TYPE OF ORGAN	IZATION 2f. JURISDICTION OF OR	RGANIZATION 2g. (	ORGANIZATIONAL ID#,	if any
	ORGANIZATION DEBTOR				
SECURED PARTY'S NA 3a, ORGANIZATION'S NAME		SSIGNOR S/P) - insert only one secured par	rty name (3a or 3b)		
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ALTERNATIVE DESIGNATION	N [if applicable] LESSEE/LESSOR ENT is to be filed (for record) (or recorde tach Addendum	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLE ST SEARCH REPORT(S) on De	R/BUYER AG. LIE	ЕИ ПИОЙ-П

International Association of Commercial Administrators (IACA)

AFN #2010177340 Recorded 12/27/10 at 03:15 PM DocType: UCC Filed by: SALAL

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

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