SEND ACKNOWLEDGMENT TO: (Name and Address)  Salal Credit Union PO Box 19340 Seattle, WA 98109				
	THE ADDITION	DACE IS EON E	ILING OFFICE USE	ONLY.
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)		SPACE IS FOR F	LING OFFICE USE	UNLT
15. INDIVIDUAL'S LAST NAME	COCTNANS	IMIDOLE NAM	<b>-</b>	Tours
GROAT	FIRST NAME	E MIDDLE NAM	<b>E</b>	SUFFIX
MAILING ADDRESS	CITY	STATE PC	STAL CODE	COUNT
42 METZGER RD SEEINSTRUCTIONS ADDIL INFO RE   16. TYPE OF ORGANIZATION   ORGANIZA	CARSON  11. JURISDICTION OF ORGANIZATION		8610 ATIONAL ID #, if any	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or comb	ine names		
		- 4		
25. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	E	SUFFIX
GROAT MAILING ADDRESS	CARLA	STATE PO	STAL CODE	COUNT
42 METZGER RD  SEEINSTRUCTIONS  ADD'L INFO RE   2e. TYPE OF ORGANIZATION   20. TYPE OF ORGANIZATION	CARSON 2f. JURISDICTION OF ORGANIZATION	WA 9 2g. ORGANIZ	8610 ATIONAL ID#, if any	
DEBTOR DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F	<u> </u>	~		
3a, ORGANIZATION'S NAME	)-insert only one secured party name (3a or 3b)			
Salal Credit Union 36. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	<u> </u>	SUFFIX
MAILING ADDRESS  O Box 19340	Seattle	WA 9	STAL CODE	COUNT
This FINANCING STATEMENT covers the following collateral:	Beattle	<u> </u>	ULU/	
OOF & WINDOWS				

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