	ONTACT AT FILER [optional]  MENT TO: (Name and Address)			
Salal Credit PO Box 1934 Seattle, WA	Union 40			
L			PACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S EXACT FU 1a. ORGANIZATION'S NA	ILL LEGAL NAME - insertonly <u>one</u> debtor name (1a or 1b) AME	- do not abbreviate or combine names		
The Individual's Last name		FIRST NAME	MIDDLE NAME	SUFFIX
TRUELOVE		DANNIE	G	COUNT
MAILING ADDRESS  1 METZGER	חקפ	CARSON	WA 98610	COUNT
SEEINSTRUCTIONS	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	Г
DDITIONAL DEBTOR	R'S EXACT FULL LEGAL NAME - insert only one do	ebtor name (2a or 2b) - do not abbreviate or combin	ne names	
		Leipotawite	MIDDLE NAME	ISUFFIX
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNT
WAILING ADDITEGO				
SEE INSTRUCTIONS	ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	2f JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	Г
SEE INSTRUCTIONS SECURED PARTY'S	ORGANIZATION DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F		2g. ORGANIZATIONAL ID #, if any	
SECURED PARTY'S  [3a, ORGANIZATION'S NA	ORGANIZATION DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F	) - insertonly <u>one</u> secured party name (3a or 3b)	1	
SEE INSTRUCTIONS SECURED PARTY'S	ORGANIZATION DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F		MIDDLE NAME	SUFFIX
SECURED PARTY'S  [3a, ORGANIZATION'S NA	ORGANIZATION DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F	) - insertonly <u>one</u> secured party name (3a or 3b)	1	

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