

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Salal Credit Union PO Box 19340 Seattle, WA 98109

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one 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	
	<b>LEAL</b>	<b>PAUL</b>			
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>52 DILLON RD</b>		<b>STEVENSON</b>	<b>WA</b>	<b>98648</b>	
1d. <b>SEE INSTRUCTIONS</b>	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 one 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	
	<b>LEAL</b>	<b>SANDRA</b>	<b>M</b>		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>52 DILLON RD</b>		<b>STEVENSON</b>	<b>WA</b>	<b>98648</b>	
2d. <b>SEE INSTRUCTIONS</b>	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 of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME					
OR	<b>Salal Credit Union</b>				
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>PO Box 19340</b>		<b>Seattle</b>	<b>WA</b>	<b>98109</b>	

4. This FINANCING STATEMENT covers the following collateral:

**6 VINYL WINDOWS & 2 PATIO DOORS APN: 03082300050000 LEGAL: A PARCEL OF LAND DEFINED AS LOT 1 IN THE S 1/2 OF THE NW 1/4 OF SEC 23 OF TNP 3 N, R 8 E.W.M. IN SKAMANIA COUNTY, WA, MORE PARTCLRLY DESC AS: BEG AT THE NW CRN OF THE S 1/2 OF THE NW 1/4 OF SEC 23 OF T3N, R8 E.W.M.; THNC E ALNG THE N LINE OF THE S 1/2 OF THE NW 1/4 OF SAID SEC 23 FOR 1678 FT MORE OF LESS TO THE W RIGHT-OF-WAY OF THE BERGE ROAD (COUNTY ROAD NUMBER 3036), THIS POINT BEING THE TRUE POINT OF BEG; THNC W ALNG THE N LINE OF THE S 1/2 OF THE NW 1/4 OF SAID SEC 23, 380 FT.; THNC SOUTHERLY PARALLEL TO THE W LINE OF THE S 1/2 OF THE NW 1/4 OF SAID SEC 23, 660 FT MORE OR LESS TO THE MID-EAST W LINE OF THE S 1/2 OF THE NW 1/4 OF SAID SEC 23; THNC EASTERLY ALONG SAID MID LINE 575 FT MORE OR LESS TO ITS' INTERSECTION WITH THE W RIGHT-OF-WAY LINE OF THE BERGE ROAD (COUNTY ROAD NUMBER 3036); MORE OR LESS TO THE TRUE POINT OF BEGINNING. EXCEPT A PRIVATE ROAD EASEMENT GRANTED TO LOT #3 OF THE HUSTON DILLON SHORT PLAT FOR ACCESS, SAID EASEMENT BEING 15' IN WIDTH, COUNTY OF SKAMANIA, STATE OF WASHINGTON**

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> 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) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						