THE AB	OVE SPACE IS FOR FILING OFFICE	USE ONLY
1b) - do not abbreviate or combine names		
FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE POSTAL CODE	COUNTRY
CARSON 1f. JURISDICTION OF ORGANIZATION	WA 98610	
III OSKIBBIONON OF OKGANIZATION	II. ORGANIZA HONAL ID #, II	any
CITY CARSON 2f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE WA 98610 2g. ORGANIZATIONAL ID #, if	COUNTRY any
/P) - insert only <u>one</u> secured party name (3a or 3	(b)	
FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE DOOTAL CODE	
AP 4		COUNTRY
	GARY CITY CARSON 1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or FIRST NAME EILENE CITY CARSON 2f. JURISDICTION OF ORGANIZATION VP) - insertonly one secured party name (3a or 3)	CARSON If. JURISDICTION OF ORGANIZATION FIRST NAME CITY CARSON If. JURISDICTION OF ORGANIZATION IF. JU

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