OLLOW INSTRUCTION A. NAME & PHONE OF C Corporation Service B. SEND ACKNOWLEDG	CONTACT AT FILE e Company 1-	R [optional] 800-858-5294			
76702612 - 37		ie and Address)	_		
Corporation	n Service Cor Stevenson Dri	•			
L		Filed In: Washing	THE AE	BOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
1a. ORGANIZATION'S N		insert only <u>one</u> debtor name (1a d	or 1b) - do not abbreviate or combine names		
Th. INDIVIDUAL'SLASTNAME FERGUSON			FIRST NAME DEBORAH	MIDDLE NAME L	SUFFIX
MAILING ADDRESS 81 ALPINE LN SEE INSTRUCTIONS ADD'L INFO RE 1e, TYPE OF ORGANIZATION			CARSON 1f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE WA 98610 1g. ORGANIZATIONAL ID #, if ar	USA
ADDITIONAL DEBTO [2a. ORGANIZATION'S N		Individual LEGAL NAME - insert only o	wheeldebtor name (2a or 2b) - do not abbreviate of	or combine names	<u> </u>
				2.77.2	le com
FERGUSON			STEVEN	MIDDLE NAME L	SUFFIX
MAILING ADDRESS 81 ALPINE LN			CARSON	STATE POSTAL CODE WA 98610	COUNT
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Individual	24, JURISDICTION OF ORGANIZATION WA	2g. ORGANIZATIONAL ID #, if an	ny [X
		rotal assignee of Assignor Irity Bank of Washir	R S/P) - insertonly <u>one</u> secured party name (3a or n gton	<u>3b)</u>	
3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS P.	O. Box 9700	00	Lynnwood	STATE POSTAL CODE WA 98046	COUNT
3a. ORGANIZATION'S N	NAME 1st Secu	rity Bank of Washir	ngton	MIDDLE NAME	

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