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 name 1a, ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX IRST NAME **BROWNING LUCIA** POSTAL CODE 1c. MAILING ADDRESS COUNTRY WA 98671 1711 CANYON CREEK RD WASHOUGAL ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1d. SEE INSTRUCTIONS 1g. ORGANIZATIONAL ID #, if any 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 SUFFIX 2c. MAILING ADDRESS POSTAL CODE COUNTRY 2f. JURISDICTION OF ORGANIZATION ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2d. SEE INSTRUCTIONS 2g. ORGANIZATIONAL ID #, if any ORGANIZATION 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 Salal Credit Union
3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS POSTAL CODE COUNTRY PO Box 19340 Seattle WA 98109 4. This FINANCING STATEMENT covers the following collateral: **FLOORING** APN: 01050400150200 LEGAL: Lot 1 Elkins Sp Bk 3/Pg 64, COUNTY OF SKAMANIA, STATE OF WASHINGTON. 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER NON-UCC FILING 6. This FINANCING STATEMENT is to be filed [for record] (or recorde ESTATE RECORDS. Attach Addendum 8. OPTIONAL FILER REFERENCE DATA International Association of Commercial Administrators (IACA)

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