UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
86170033 - 375680	7			
Corporation Service Company 801 Adlai Stevenson Drive				
	In: Washington			
	(Skamania)	SPACE IS FO	OR FILING OFFICE USE (ONI Y
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact)	ct, full name; do not omit, modify, or abbreviate any p	art of the Debto	or's name); if any part of the Inc	dividua
name will not fit in line 1b, leave all of item 1 blank, check here and pr 1a. ORGANIZATION'S NAME	ovide the Individual Debtor information in item 10 of t	the Financing S	tatement Addendum (Form UC	CC1Ad)
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUF
PRIEST 1c. MAILING ADDRESS 720 NW GROPPER RD	JODY	A	POSTAL CODE	COL
16. MAILING ADDRESS 720 NW GROPPER RD	STEVENSON	WA	98648	U
name will not fit in line 2b, leave all of item 2 blank, check here and pr 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	ovide the Individual Debtor information in item 10 of I	X	DNAL NAME(S)/INITIAL(S)	Isuf
PRIEST	MARGARET	J	DIVAL IVANIE(3)/INTTIAL(3)	1301
2c. MAILING ADDRESS 720 NW GROPPER RD	STEVENSON	STATE WA	POSTAL CODE 98648	COL
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME 1st Security Bank of Washin		y name (3a or 3	b)	
	igion			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFF		
3c. MAILING ADDRESS P. O. Box 97000	CITY	STATE	POSTAL CODE	COL
	Lynnwood	WA	98046	US
COLLATERAL: This financing statement covers the following collateral: ROOF))	PAGI
APN: 03073613080100 LEGAL: LOT 2 OF THE STEWART CREWS SH SKAMANIA COUNTY RECORDS.	HORT PLAT, RECORDED IN BO	OK 'T' OF	SHORT PLATS, P	
LEGAL: LOT 2 OF THE STEWART CREWS SH	HORT PLAT, RECORDED IN BO	OK 'T' OF	SHORT PLATS, P	
LEGAL: LOT 2 OF THE STEWART CREWS SH SKAMANIA COUNTY RECORDS.	Trust (see UCC1Ad, item 17 and Instructions)	being administe	ered by a Decedent's Personal	Repre
LEGAL: LOT 2 OF THE STEWART CREWS SH SKAMANIA COUNTY RECORDS. 5. Check only if applicable and check only one box: Collateral is held in a	Trust (see UCC1Ad, item 17 and Instructions)	being administe 5b. Check <u>only</u>		Repre
5. Check only if applicable and check only one box: Collateral is held in a fa. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transactio ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Trust (see UCC1Ad, item 17 and Instructions) n	being administe 5b. Check <u>only</u> ☐ Agricu	ered by a Decedent's Personal if applicable and check <u>only</u> or	Repre ne box:
5. Check only if applicable and check only one box: Collateral is held in a fac. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transactio	Trust (see UCC1Ad, item 17 and Instructions) n	being administe 5b. Check <u>only</u> ☐ Agricu	ered by a Decedent's Personal if applicable and check <u>only</u> or tural Lien Non-UCC F	Repre ne box:

	ng Statement; if line	1b was left blank			
pecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME					
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10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME		- 4	_		
INDIVIDUAL'S FIRST PERSONAL NAME			7	7/1	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				L C	SUFFIX
MAILING ADDRESS	CIT	TY		STATE POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOR	SECURED PA	RTY'S NAME: Provi	de only <u>one</u> name (11a or 11b)	
11a. ORGANIZATION'S NAME	- 0	\mathcal{L}_{A}	$\overline{}$		
11b. INDIVIDUAL'S SURNAME	FIR	ST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITI/	AL(S) SUFFIX
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	J				
REAL ESTATE RECORDS (if applicable)	400			as-extracted collateral is fil	ed as a fixture filing
ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest):	n item 16 16.	Description of real	estate:		
	9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME PRIEST FIRST PERSONAL NAME JODY ADDITIONAL NAME(S)/INITIAL(S) A DEBTOR'S NAME: Provide (10a or 10b) only one additional I do not omit, modify, or abbreviate any part of the Debtor's name) at 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME PRIEST FIRST PERSONAL NAME JODY ADDITIONAL NAME (S)/INITIAL(S) A DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Det do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailin 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CI ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR 11a. 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