| CC FINANCING STATEMEN DLLOW INSTRUCTIONS (front and back) C INAME & PHONE OF CONTACT AT FILER | AREFULLY | | | |
|---|--|---|--|---------|
| S. SEND ACKNOWLEDGMENT TO: (Name a | | | | |
| Salal Credit Union | ano Audressy | | | |
| PO Box 19340 | | | | |
| Seattle, WA 98109 | | | | • . |
| I | | | | |
| DEBTOR'S EXACTFULL LEGAL NAME-ins | ort only one deleter area (for and b) | | ABOVE SPACE IS FOR FILING OFFICE U | SE ONLY |
| 1a. ORGANIZATION'S NAME | ercomy <u>erie</u> debitor name (1 2 of 1b) | - uo nut appreviate or combine names | • | |
| R 16. INDIVIDUAL'S LASTNAME | | FIRST NAME | MIDDLE NAME | SUFFI |
| GARRISON :. MAILING ADDRESS | | DAVID CITY | BRADLEY STATE POSTAL CODE | COUN |
| 2 REDWOOD ST SEEINSTRUCTIONS ADD'L INFO RE 1e, TYPE OF ORGANIZA | | CARSON 11. JURISDICTION OF ORGANIZATION | WA 98610 ON 1g. ORGANIZATIONAL ID#, if any | |
| ORGANIZATION DEBTOR | | | 1 2 M | |
| ADDITIONAL DEBTOR'S EXACT FULL LE 22. ORGANIZATION'S NAME | GAL NAME - insert only one de | ebtor name (2a or 2b) - do not abbreviat | e or combine names | |
| 2b. INDIVIDUAL'S LAST NAME | <u>. </u> | FIRST NAME | MIDDLE NAME | SUFFI |
| GARRISON MAILING ADDRESS | · | STACIE | RENEE STATE POSTAL CODE | COUN |
| 2 REDWOOD ST | | CARSON | WA 98610 | |
| . <u>SEE INSTRUCTIONS</u> ADD'L INFO RE ORGANIZATION DEBTOR | . TYPE OF ORGANIZATION | 2f, JURISDICTION OF ORGANIZATION | ON 2g. ORGANIZATIONAL ID #, if any | , Г |
| SECURED PARTY'S NAME (or NAME of TOT 3a. ORGANIZATION'S NAME | AL ASSIGNEE of ASSIGNOR S/P |) - insert only <u>one</u> secured party name (3a | or3b) | |
| Salal Credit Union 3b. INDIVIDUAL'S LAST NAME | - | FIRST NAME | MIDDLE NAME | SUFFI |
| MANUAL AND PROPERTY | () | | | |
| MAILING ADDRESS PO Box 19340 | | Seattle | WA 98109 | COUN |
| This FINANCING STATEMENT covers the following | | | | |
| 'ABCO ELITE ROOF, GUTTER | S, INTERIOR WAL | L AND STEEL DOOR I | IN THE ENTRY WAY. | |
| APN: 03082941030000 | | \sim Γ | | |
| EGAL: Lot 13 Columbia Height AGE 136, RECORDS OF SKAM | S, ACCORDING TO | THE PLAT THEREOF | , RECORDED IN BOOK "A" (| OF PLAT |
| VASHINGTON | IAMA COUNTT, W | ASHINGTON, COUNT | I OF SKAMAMA, STATE OF | |
| | | | | |
| | | | | |
| in an | , | | | |
| | o de la companya de l | | | |
| ALTERNATIVE DESIGNATION [if applicable]: LI This FINANCING STATEMENT is to be filed [for incomplete to be completed by the complete to be completed by the completed by | ESSEEALESSOR CONSI | GNEE/CONSIGNOR BAILEE/B/ DIE 7. Check to REQUEST SEARCH | | NON-UCC |

AFN #2015000538 Recorded 03/30/2015 at 04:32 PM DocType: UCC Filed by: SALAL CREDIT UNION Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA