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 OF The Above SPACE IS FOR FILING OFFICE USE OF The Above SPACE IS FOR FILING OFFICE USE OF The Above SPACE IS FOR FILING OFFICE USE OF The Above SPACE IS FOR FILING OFFICE USE OF THE ABOVE SPACE IS FOR FILING OFFICE USE OF THE ABOV	ONLY	PACE IS FOR FILING OFFICE USE	THE AB	END ACKNOWLEDGMENT TO: (Name and Address)  Salal Credit Union  PO Box 19340
PO Box 19340 Seattle, WA 98109  THE ABOVE SPACE IS FOR FILING OFFICE USE CO.  DEBTOR'S EXACT FULL LEGAL NAME-insert only one debtor name (1a or 1b) -do not abbreviate or combine names  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S LAST NAME  GARRISON  C. MAILING ADDRESS  PO BOX 308  d. SEE INSTRUCTIONS  ADD/L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION  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		PACE IS FOR FILING OFFICE USE	THE AB	PO Box 19340
PO Box 19340 Seattle, WA 98109  THE ABOVE SPACE IS FOR FILING OFFICE USE CO.  DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S LAST NAME  GARRISON  DAVID  BRADLEY  CITY  STATE POSTAL CODE  CARSON  WA 98610  1c. TYPE OF ORGANIZATION  ORGANIZATION  ORGANIZATION  OBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names		PACE IS FOR FILING OFFICE USE	THE AB	PO Box 19340
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COTY  STATE POSTAL CODE  CARSON  WA 98610  SEEINSTRUCTIONS  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names	10077	MIDDLE NAME	FIRST NAME	b. INDIVIDUAL'S LAST NAME
CARSON  SEE INSTRUCTIONS  ADDITIONAL DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  ADDITIONAL DEBTOR'S NAME				
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ADD'L INFO RE ORGANIZATION 21 JURISDICTION OF ORGANIZATION 22. ORGANIZATION 22. ORGANIZATION 22. ORGANIZATION 22. ORGANIZATION 23. ORGANIZATION 24. JURISDICTION OF ORGANIZATION 25. ORGANIZATION 25. ORGANIZATION 25. ORGANIZATION 26. ORGANIZATION 26. ORGANIZATION 26. ORGANIZATION 27. ORGANIZATION	SUFF		R.S/P) - insert only <u>one</u> secured party name (3a or 3	ORGANIZATION DEBTOR  CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS: a. ORGANIZATION'S NAME  Salal Credit Union
MAILING ADDRESS CITY STATE POSTAL CODE	COUN		- 48	
O Box 19340   Seattle   WA   98109		WA 98109	Seattle	Box 19340 s FINANCING STATEMENT covers the following collateral:

AFN #2015000726 Recorded 04/21/2015 at 10:51 AM DocType: UCC Filed by: SALAL CREDIT UNION Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA