

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Bridgette Almario 206.298.9394 x8903</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Salal Credit Union PO Box 19340 Seattle, WA 98109</b>	

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 names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME <b>GUYER</b>		FIRST NAME <b>PETER</b>	MIDDLE NAME <b>A</b>	SUFFIX
1c. MAILING ADDRESS <b>72 KROGSTAD RD</b>		CITY <b>WASHOUGAL</b>	STATE <b>WA</b>	POSTAL CODE <b>98671</b>
1d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION <b>USA</b>
				1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 <b>GUYER</b>		FIRST NAME <b>ROSANN</b>	MIDDLE NAME <b>PARHAM</b>	SUFFIX
2c. MAILING ADDRESS <b>72 KROGSTAD RD</b>		CITY <b>WASHOUGAL</b>	STATE <b>WA</b>	POSTAL CODE <b>98671</b>
2d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION <b>USA</b>
				2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 <b>Salal Credit Union</b>				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>PO Box 19340</b>		CITY <b>Seattle</b>	STATE <b>WA</b>	POSTAL CODE <b>98109</b>

4. This FINANCING STATEMENT covers the following collateral:

**11KW GENERAC WHOLE HOUSE GENERATOR, 5 HV MODULES, SURGE ARRESTOR, REMOTE STATUS, PAD, AND GAS PIPING  
AS PER RENAUD ELECTRIC INVOICE NO J7232 12/19/17**

APN: 01051000020400

Legal: Lot 3 Nordell Sp, Bk 2/Pg 31A

County: Skamania, WA

72 KROGSTAD RD WASHOUGAL, WA 98671

5. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOLR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA							