CORPORATION SERVICE COMPANY Page: 1 of 2 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA **UCC FINANCING STATEMENT** FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1418 03716 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skamania) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **FRENCH** STEVE 1c. MAILING ADDRESS 192 SIEVERS ROAD CITY STATE POSTAL CODE COUNTRY WASHOUGAL WA 98671 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ANGELA **FRENCH** 2c. MAILING ADDRESS 192 SIEVERS ROAD POSTAL CODE COUNTRY WASHOUGAL 98671 USA WA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME 1st Security Bank of Washington OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS P. O. Box 97000 POSTAL CODE COUNTRY Lynnwood WA 98046 USA 4. COLLATERAL: This financing statement covers the following collateral: HEAT PUMP SYSTEM APN: 02052810010400 BEGINNING AT A POINT WHICH IS THE INTERSECTION OF THE SOUTH LINE OF THE BONNEVILLE POWER ADMINISTRATION ELECTRIC POWER LINE RIGHT - OF - WAY AND THE EAST LINE OF THE NW QTR OF SECTION 28, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN; THENCE NORTH 89 DEG 34'50" EAST 347.00 FEET; THENCE SOUTH 00 DEG 26'45" EAST 717.25 FEET; THENCE SOUTH 89 DEG 43' 23" WEST 604.00 FEET: THENCE ALONG A CURVE TO THE LEFT WITH A RADIUS OF 50 FEET THROUGH A CENTAL ANGLE OF 120 DEG 00'00" A DISTANCE OF 104.72 FEET; THENCE NORTH 00 DEG 25' 45" WEST 461.19 FEET; THENCE NORTH 50 DEG 56' EAST 287.38 FEET TO THE SOUTH LINE OF SAID POWER LINE RIGHT-OF-WAY; THENCE NORTH 89 DEG 34'50" EAST 75.77 FEET TO THE POB, 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Seller/Buyer Consignee/Consignor Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: :5151203390, FRENCH 1418 03716

Jan 25,

AFN #2018000159 Recorded

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## LICC FINANCING STATEMENT ADDENDUM

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