Waymire Skamania County, WA **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1513 65396 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 Peter Cuff 1c. MAILING ADDRESS 92 Highland Road POSTAL CODE COUNTRY CITY STATE 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 ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX Carol Cuff 2c. MAILING ADDRESS 92 Highland 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 (3e 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 98046 USA Lynnwood WA 4. COLLATERAL: This financing statement covers the following collateral: APN: 02051920013100 LOT 31 SKAMANIA HIGHLANDS BK A/PG 140 SITUATE IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON. 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): Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: :5151300000 CUFF 1513 65396

CORPORATION SERVICE COMPANY Page: 1 of 2 File Fee: \$100.00 Auditor Robert J.

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	C FINANCING STATEMENT ADD OWN INSTRUCTIONS	ENDUM				
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Fina ause Individual Debtor name did not fit, check here	ncing Statement; if li	ne 1b was left blank]		
9a	a. ORGANIZATION'S NAME					
	o. INDIVIDUAL'S SURNAME Cuff					
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10	a. ORGANIZATION'S NAME		* *.	1	-	
OR 10	b. INDIVIDUAL'S SURNAME		FL	\vee		
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10c. M	AILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNO	R SECURED PARTY	'S NAME: Provide o	nly <u>one</u> name (11a or 11b)	
	a. ORGANIZATION'S NAME	\sim	_))	
OR 11	b. INDIVIDUAL'S SURNAME	•	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. M.	AILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):					
10 [7	7					
13. 🗸	This FINANCING STATEMENT is to be filed [for record] (c REAL ESTATE RECORDS (if applicable)	,	14. This FINANCING STATE covers timber to be	cut covers as-	extracted collateral is filed as	a fixture filing
	me and address of a RECORD OWNER of real estate descr Debtor does not have a record interest):	ibed in item 16	16. Description of real estate	e:		
17. MIS	SCELLANEOUS:					