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) 1553 28916 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 **KEITH** RICHARD 1c. MAILING ADDRESS 561 NW MAPLE WAY CITY STATE POSTAL CODE COUNTRY STEVENSON WA 98648 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 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 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 98046 USA Lynnwood WA 4. COLLATERAL: This financing statement covers the following collateral: APN: 03073620130400 LOT 2 B EVANS SP BK T/PG 72 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 Consignee/Consignor Bailee/Bailor Seller/Buyer Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: :KEITH 5151336830 1553 28916

AFN #2018002326 Recorded Nov 26, 2018 10:50 AM DocType: UCC Filed by:

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

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LICC FINANCING STATEMENT ADDENDIM

FOLLOW INSTRUCTIONS	DUM	_	
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St. because Individual Debtor name did not fit, check here	atement; if line 1b was left blank		
9a. ORGANIZATION'S NAME		1	
OR 9b. INDIVIDUAL'S SURNAME			
KEITH FIRST PERSONAL NAME			
RICHARD		. (^ >	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
J		THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debte do not omit, modify, or abbreviate any part of the Debtor's name) and e			
10a. ORGANIZATION'S NAME			
OR 10b. INDIVIDUAL'S SURNAME		$\overline{}$	
INDIVIDUAL'S FIRST PERSONAL NAME		h 4	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	"S NAME: Provide only one name (11a or 11b)	
		_ \	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)			
15. Name and address of a RECORD OWNER of real estate described in it	covers timber to be em 16 16. Description of real estate		a fixture filing
(if Debtor does not have a record interest):	To. Bosonphon of roal social	<u>.</u>	
17. MISCELLANEOUS:			