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SPRFilling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address) 1654 34799 CSC 801 Adial Stevenson Drive Springfield, IL 62703 Filed in: Washington (Skamania) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag Debter name (to or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debter's name); if any part of the Individual Debter name will not fit in line 1b, leave all of licen 1 blank, check here and provide the Individual Debter Information in item 10 of the Prenaring Statement Addington (Form UCC1Ad) 1a. ORGANIZATIONS NAME Tib. INDIVIDUAL'S SURNAME Caird STATE Dennis STY North Bonneville STATE POSTAL CODE COUNTRY North Bonneville STATE POSTAL CODE COUNTRY USA DEBTOR'S NAME: Provide only gag Debter name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name); if any part of the Individual Debter name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debter Information in Item 10 of the Financing Statement Addington (Form UCC1Ad) E. MAILING ADDRESS PO BOX 121 STATE POSTAL CODE COUNTRY North Bonneville STATE POST			10	•		•	
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A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consigner

Agricultural Lien

Ballee/Bailor

Non-UCC Filing

Licensee/Licensor

1654 34799

Manufactured-Home Transaction

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: :5151426830 CAIRD

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1s or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME Caird FIRST PERSONAL NAME **Dennis** ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c, MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in Item 16 16. Description of real estate; (if Debtor does not have a record interest): 17. MISCELLANEOUS: