



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>70499705 WAWA FIXTURE</div></div>	
File with: Skamania, WA	

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 OIUUM	FIRST PERSONAL NAME THOMAS	ADDITIONAL NAME(S)/INITIAL(S) M.	SUFFIX
1c. MAILING ADDRESS 212 JARRELL RD		CITY CARSON	STATE WA	POSTAL CODE 98610
			COUNTRY 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 HERMANCE	FIRST PERSONAL NAME KRISTEN	ADDITIONAL NAME(S)/INITIAL(S) M.	SUFFIX
2c. MAILING ADDRESS 212 JARRELL RD		CITY CARSON	STATE WA	POSTAL CODE 98610
			COUNTRY USA	

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 INTERLOCK INDUSTRIES, INC.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PMB 425, 26910 92nd Avenue Northwest C-5		CITY Stanwood	STATE WA	POSTAL CODE 98292
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

APN: 03-08-17-3-0-2300-00

Abbreviated Legal Description: G. & D. JARRELL SP, LT 3, BK 3, PG 321

THIS FIXTURE FILING COVERS A ROOFING SYSTEM & IS TO BE RECORDED IN THE REAL ESTATE RECORDS OF SKAMANIA COUNTY WA

COUNTY/RECORDING DISTRICT: SKAMANIA

SITUS/ADDRESS: 212 JARRELL RD, CARSON, WA 98610

PARCEL #: 03-08-17-3-0-2300-00

CONVEYS: QUIT CLAIM DEED

DOCUMENT NO: 2013001106

DATE RECORDED: 5/22/2013

LEGAL: THE FOLLOWING DESCRIBED PROPERTY IN SKAMANIA COUNTY, WASHINGTON:

LOT 3, G. & D. JARRELL SHORT PLAT, RECORDED IN BOOK 3, PAGE 321, SHORT PLAT RECORDS, IN THE COUNTY OF SKAMANIA AND STATE OF WASHINGTON.

ABBREVIATED LEGAL:

G. & D. JARRELL SP, LT 3, BK 3, PG 321

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor Is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

70499705

LOAN# WAWA19005-RC - CALL# 877-765-9378

LOAN AMOUNT: \$32,786.52

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a 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

OIUM

FIRST PERSONAL NAME

THOMAS

ADDITIONAL NAME(S)/INITIAL(S)

M.

SUFFIX

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

CITY

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

CITY

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 (if Debtor does not have a record interest):

THOMAS M. OIUM

16. Description of real estate:

Parcel ID:

03-08-17-3-0-2300-00

COUNTY/RECORDING DISTRICT: SKAMANIA

SITUS/ADDRESS: 212 JARRELL RD, CARSON, WA

98610 - CONVEYS: QUIT CLAIM DEED

DOCUMENT NO: 2013001106

DATE RECORDED: 5/22/201

17. MISCELLANEOUS: 70499705-WA-59 506503 - SIERRA VIEW HOLDINGS INTERLOCK INDUSTRIES, INC. File with: Skamania, WA LOAN# WAWA19005-RC - CALL# 877-785-9378