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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	78865709 WAWA FIXTURE

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 KING	FIRST PERSONAL NAME JUDITH	ADDITIONAL NAME(S)/INITIAL(S) K	SUFFIX
1c. MAILING ADDRESS PO BOX 142		CITY NORTH BONNEVILLE	STATE WA	POSTAL CODE 98639
			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 KING	FIRST PERSONAL NAME SEAN	ADDITIONAL NAME(S)/INITIAL(S) K	SUFFIX
2c. MAILING ADDRESS PO BOX 142		CITY NORTH BONNEVILLE	STATE WA	POSTAL CODE 98639
			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: 02-07-30-1-1-3400-00

Abbreviated Legal Description: LOT 7, BLOCK 3, BOOK B, PAGE 9, COUNTY OF SKAMANIA, STATE OF WASHINGTON.

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

COUNTY/RECORDING DISTRICT: SKAMANIA

SITUS/ADDRESS: 307 WANA KAWOK ST, NORTH BONNEVILLE, WA

PARCEL #: 02-07-30-1-1-3400-00

CONVEYS: STATUTORY WARRANTY DEED

DOCUMENT NO: 2014002264

DATE RECORDED: 12/22/2014

LEGAL: LOT 7, BLOCK 3, PLAT OF RELOCATED NORTH BONNEVILLE, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK 'B', PAGE 9. RE-RECORDED IN BOOK 'B', PAGE 25, IN THE COUNTY OF SKAMANIA AND 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:

☐ 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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

78865709

LOAN NUMBER: WAWA19024-RC

\$59,747.28 (CALL 877-765-9378)

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

KING

FIRST PERSONAL NAME

JUDITH

ADDITIONAL NAME(S)/INITIAL(S)

K

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):

16. Description of real estate:

Parcel ID:

02-07-30-1-1-3400-00

COUNTY/RECORDING DISTRICT: SKAMANIA

SITUS: 307 WANA KAWOK ST, NORTH

BONNEVILLE, WA

CONVEYS: STATUTORY WARRANTY DEED

DOC NO:2014002264 / RECORDED: 12/22/2014

17. MISCELLANEOUS: 78865709-WA-59 506503 - SIERRA VIEW HOLDINGS INTERLOCK INDUSTRIES, INC. File with: Skamania, WA LOAN NUMBER: WAWA19024-RC \$59,747.28 (CALL