

Request of: TWINSTAR CREDIT UNION



**UCC FINANCING STATEMENT**  
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Anna Parsons 800-258-3115 x5225</b>
B. E-MAIL CONTACT AT FILER (optional) <b>LoanSupportServices@TwinstarCU.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>TwinStar Credit Union PO Box 718 Olympia WA 98507</b>

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 <b>BUREKER</b>		FIRST PERSONAL NAME <b>TONY</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>331 ROBSON RD</b>		CITY <b>WASHOUGAL</b>	STATE <b>WA</b>	POSTAL CODE <b>98671</b>	COUNTRY <b>USA</b>

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 <b>BUREKER</b>		FIRST PERSONAL NAME <b>STACEY</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>331 ROBSON RD</b>		CITY <b>WASHOUGAL</b>	STATE <b>WA</b>	POSTAL CODE <b>98671</b>	COUNTRY <b>USA</b>

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 <b>TwinStar Credit Union</b>					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>PO Box 718</b>		CITY <b>Olympia</b>	STATE <b>WA</b>	POSTAL CODE <b>98507</b>	COUNTRY <b>USA</b>

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

**IBEX ROOFING**  
**Re-roof per Cody Males Proposal TB 331**  
**per Invoice Number: 747, dated: 01/22/2021**

**Parcel Number: 02053000180300**  
**LOT 2 ROBSON SP BK 3-PG 292**

**A track of land in the South Half of the Southeast Quarter of Section 30, township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:**  
**Lot 2 of the Robson Short Plat, recorded in Book 3 of Short Plats, Page 292, Skamania County Records**

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:

# 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
	<b>BUREKER</b>
	FIRST PERSONAL NAME
	<b>TONY</b>
	ADDITIONAL NAME(S)/INITIAL(S)
	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

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):

**BUREKER, ANTHONY & YOUNG, STACEY**  
**331 ROBSON RD**  
**WASHOUGAL WA 98671**

16. Description of real estate:

**Parcel Number: 02053000180300**  
**LOT 2 ROBSON SP BK 3-PG 292**  
**A track of land in the South Half of the Southeast Quarter of Section 30, township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows: Lot 2 of the Robson Short Plat, recorded in Book 3 of Short Plats, Page 292, Skamania County Records.**

**Document Number: 2017000619, dated: 03/27/2017**

17. MISCELLANEOUS: