

Request of: SALAL CREDIT UNION



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Funding Group 206.298.9394 ext 8903

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Recording requested by and return to:
 Salal Credit Union
 PO Box 75029
 Seattle, WA 98175-0029

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME

Key	FIRST NAME Hilary	MIDDLE NAME Dwyer	SUFFIX
-----	----------------------	----------------------	--------

1c. MAILING ADDRESS

162 VIEW DR	CITY STEVENSON	STATE WA	POSTAL CODE 98648-6404	COUNTRY USA
-------------	-------------------	-------------	---------------------------	----------------

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

Key	FIRST NAME Edison	MIDDLE NAME Claiborn	SUFFIX
-----	----------------------	-------------------------	--------

2c. MAILING ADDRESS

162 VIEW DR	CITY STEVENSON	STATE WA	POSTAL CODE 98648-6404	COUNTRY USA
-------------	-------------------	-------------	---------------------------	----------------

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Salal Credit Union

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
------------	-------------	--------

3c. MAILING ADDRESS

PO Box 75029	CITY Seattle	STATE WA	POSTAL CODE 98175-0029	COUNTRY USA
--------------	-----------------	-------------	---------------------------	----------------

4. This FINANCING STATEMENT covers the following collateral:
 Electrical
 Installation of 16KW Generac Generator system w. 16 circuit Transfer Panel - Pad - Mobile Link - Cold weather Kit- Gas piping - GEN/HVAC 1 Visit Zone 5.

Parcel Number: 03072520020000
 Legal Description: Lot 4 Maple Hill Tracts #3 Bk A Pg 144 +.69 Acs F# 2004152802

Skamania
 162 VIEW DR, STEVENSON, WA 98648-6404
 Fixture Filing

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)

All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
 0000237550