Request of: eRecorded by: CSC Ingeo **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2106 86108 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skamania) 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Gardner Steven 1c. MAILING ADDRESS 33 E Cascade Dr POSTAL CODE COUNTRY STATE North Bonneville WA 98639 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 ADDITIONAL NAME(S)/INITIAL(S) 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE STATE COUNTRY 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 Verity Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS 11027 Meridian Ave N POSTAL CODE COUNTRY Seattle WA 98133 USA 4. COLLATERAL: This financing statement covers the following collateral:
Description: Verity Credit Union is providing a closed-end personal loan to our borrower for the purpose of financing their solar panel installation project on their personal residence, description provided below. A licensed and insured contractor will be performing the service. Parcel Number: 02072013060000 Abbreviated Legal Description: C-39 Plat - Relocated North Bonneville 20,016 Sq Ft

Skamania County, WA

Total: \$103.50 Pgs=1

UCC

2021-001584

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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: 6b. Check only if applicable and check only one box: Public-Finance Transaction Agricultural Lien Manufactured-Home Transaction A Debtor is a Transmitting Utility Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA 2106 86108