		· ·			
UCC FINANCING STATEMENT		Skamania County, WA Total:\$204.50 UCC Pgs=2		21 12:34 PM	
FOLLOW INSTRUCTIONS	1	Request of: TWINSTAR	CREDIT UNION	n 1 5 1 THE S CO	
A. NAME & PHONE OF CONTACT AT FILER (optional)  Anna Parsons 800-258-3115 x5225	1	00010962202	1000358100		
B. E-MAIL CONTACT AT FILER (optional)		000 10002=0-			
LoanSupportServices@TwinstarCU.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			- 4	•	
TwinStar Credit Union	1		٦,	<b>.</b>	
PO Box 718 Olympia WA 98507				T	
Olympia Wile Soco					
		THE ABOVE SPACE	IS EOD EILIN	IC OFFICE USE	ANI V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit, modify, o				
	the Individual Debtor informa				
1a. ORGANIZATION'S NAME		~ /			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
SHIRK	RICKY	10	7		
10. MAILING ADDRESS 31 W LOOP RD	STEVENSON		WA 986	AL CÓDE 148	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exect, full name will not fit in line 2b, leave all of item 2 blank, check here and provide	name; do not omit, modify, of the individual Debtor informa	r appreviate any part of the tion in item 10 of the Finan	cing Statement	; it any part of the in Addendum (Form U	dividual Debtors CC1Ad)
2a. ORGANIZATION'S NAME			es Della, cona	e i e e e e e e	1 . t
OP	er in the second		adi ya din din		1 30 100KF 1 1 1
2b. INDIVIDUAL'S SURNAME SHIRK	FIRST PERSONAL NAME LISA	·	DDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	S	TATE POSTA	AL CODE	COUNTRY
31 W LOOP RD	STEVESON		WA   986	48	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED ASSIGNOR ASSIGNOR SECURED ASSIGNOR SECURED ASSIGNOR SECURED ASSIGNOR SECURED ASSIGNOR SECURED	JRED PARTY): Provide only	one Secured Party name (3	3a or 3b)	-	· · · · · · · · · · · · · · · · · · ·
TwinStar Credit Union					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAI	ME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	s	TATE POSTA	AL CODE	COUNTRY
PO Box 718	Olympia	<b>-</b>	WA   985	07	USA
4. COLLATERAL: This financing statement covers the following collateral:  VALIANT ROOFING LLC  Roofing Installation, Chimney Flashing, Replace plyw. Invoice #10743, Dated 09/10/2021	ood Per		, d		
Parcel Number: 03073613220000			u <u>n man e</u>		
Situs: 31 W LOOP RD Map Number: U-R1-		,			
				arit.	
And the section of the control of the section of th		· San San San San San San San San San San	Maraka 🔭	, cope	
test to see an all the second		•			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Andrew Marie III. Berger Britanis (1988)				1
and the state of t	to the little could write the could be			Decedent's Persona	al Representative
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust      Check <u>only</u> if applicable and check <u>only</u> one box:	* * 1	nstructions) being ad	iministered by a	Decedent's Persona	•
5. Check only if applicable and check only one box: Collateral is held in a Trust  6a. Check only if applicable and check only one box:  Public-Finance Transaction Manufactured-Home Transaction	* * 1	nstructions) being ad	iministered by a	Decedent's Persona ble and check <u>only</u> on. Non-UCC	one box:

## UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank		٠.
because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME			
	,		
OR CO. INDIVIDUALIS CUIDAMS			
9D. INDIVIDUAL'S SURNAME	İ		
SHIRK FIRST PERSONAL NAME			
RICKY	*		
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 of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name of the Debtor's name.			<del></del>
10a. ORGANIZATION'S NAME	. 7		·
00	P	4.3	
OR 10b. INDIVIDUAL'S SURNAME	$C \in X$		
INDIVIDUAL'S FIRST PERSONAL NAME	7///		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		1	SUFFIX
10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY'S N	IAME: Provide only one name (11a or 11b)	
11a. ORGANIZATION'S NAME			
OR	TEIDOT DEDOONAL NAME	LADDITIONAL MANEROVANITAL (CO.	TOUREN.
TID. INDIVIDUALS SURVAINE	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 STATEMEN		
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut  16. Description of real estate:	covers as-extracted collateral  is filed as a	fixture filing
(if Debtor does not have a record interest):	·		
CYLIDY DICKN 0 1 104	Parcel Number: 0307		
SHIRK, RICKY & LISA 31 W LOOP RD	Situs: 31 W LOOP R Map Number: U-R1-		-
STEVENSON WA 98648	Map Number: 0-K1-		
	Excise Number: 2729	0, Dated 10/12/2007	
			<b>-</b>
17. MISCELLANEOUS:	<del></del>	· · · · · · · · · · · · · · · · · · ·	