| CC FINANCING STATEMENT LOW INSTRUCTIONS | | Skamania C Total: \$203.9 UCC Request of: eRecorded I | 50 Pgs=1 2022-001055 08/15/2022 10:45 AM | | |
|--|---|---|--|---|---------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | | |
| SPRFiling@cscglobal.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | _ | | | | |
| 2376 20935 | | | | | |
| CSC 801 Adlai Stevenson Drive | | | | | |
| Springfield, IL 62703 | iled In: Washington | | - 10 | . " | |
| | (Skamania) | THE ADOVE | ODAGE IO EOD | SILVING OFFICE VIOLE | ONII V |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use | exact_full_name: do not omit_modify_o | | | rame): if any part of the Ir | |
| | nd provide the Individual Debtor informa | | | | |
| 1a. ORGANIZATION'S NAME | | _ \ | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | _ | ADDITIONA | AL NAME(S)/INITIAL(S) | SUFFIX |
| Price | Thomas | | 4 19 | | |
| 1c. MAILING ADDRESS 451 Indian Mary Rd | Stevenson | | | POSTAL CODE 98648 | COUNTRY |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use | exact, full name; do not omit, modify, o | r abbreviate any pa | art of the Debtor's | name); if any part of the In | dividual Debtor's |
| | nd provide the Individual Debtor informa | ation in item 10 of the | ne Financing State | ement Addendum (Form U | CC1Ad) |
| 2a. ORGANIZATION'S NAME | | * | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIONA | AL NAME(S)/INITIAL(S) | SUFFIX |
| Price | Mary | | , | | |
| 2c. MAILING ADDRESS 451 Indian Mary Rd | Stevenson | - 4 | | POSTAL CODE 98648 | COUNTRY |
| 2 SECURED DARTY'S NAME (NAME (SECURE) ASSIST | | - 40 | | 30040 | 00/1 |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Verity Credit Union | NOR SECURED PARTY): Provide only | one Secured Party | name (3a or 3b) | | |
| OR OF ANDREWS OF STREET | | | \smile | - | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITION | AL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 11027 Meridian Ave N | CITY | | STATE F | POSTAL CODE | COUNTRY |
| os. III. Carrier I I I I I I I I I I I I I I I I I I I | Seattle | _ | | 98133 | USA |
| 4. COLLATERAL: This financing statement covers the following collater Description: Verity Credit Union is providing a collater panel installation project on their personal will be performing the service. | ral: closed-end personal loar il residence, description | n to our borr provided be | ower for the low. A licen | e purpose of fina sed and insured | ncing their contractor |
| Parcel Number: 01060400010100 | | | | | |
| Abbreviated Legal Description: Son 90# | | | | | |
| Abbreviated Legal Description: Sen 89# | | | | | |
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| | | | | | |
| E Objects substitute that the state of the s | | | | | 18 |
| 5. Check only if applicable and check only one box: Collateral is held 6a. Check only if applicable and check only one box: | in a Trust (see UCC1Ad, item 17 and I | | | d by a Decedent's Persona applicable and check <u>only</u> o | |
| Public-Finance Transaction Manufactured-Home Trans | action A Debtor is a Transm | | | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor | Consignee/Consignor | Seller/Buyer | Baile | e/Bailor Licen | see/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | | | | | |

2376 20935