Skamania County, WA Total: \$304.50 Pgs=2

2024-000571 05/14/2024 08:57 AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	L				
A. NAME & PHONE OF CONTACT AT FILER (optiona Name: Wolters Kluwer Lien Solutions Phone: 80					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess) 506503 - SIERRA VIEW				
Lien Solutions 98846619 P.O. Box 29071					
Glendale, CA 91209-9071	WAWA FIXTURE _I			- 1	
File with: Skamania, W	→	THE ABOVE	SPACE IS FO	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a	<u></u>				
name will not fit in line 1b, leave all of item 1 blank, check he 1a. ORGANIZATION'S NAME	ere and provide the Individual Debtor	information in item 10 of t	he Financing Sta	tement Addendum (Form	UCC1Ad)
Ia. ONGANIZATIONS NAIVIE			V 1		
OR 1b. INDIVIDUAL'S SURNAME OIUM	FIRST PERSONAL THOMAS	VAME	ADDITION M.	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
212 JARRELL RD	CARSON		WA	98610	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a					
name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME	ere and provide the Individual Debtor	information in item 10 of t	the Financing Sta	tement Addendum (Form	UCC1Ad)
24. GROANIZATION O NAME	- 7	la.			
OR 2b. INDIVIDUAL'S SURNAME HERMANCE	FIRST PERSONAL KRISTEN	NAME	ADDITION M.	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
212 JARRELL RD	CARSON		WA	98610	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOR SECURED PARTY): Provi	de only <u>one</u> Secured Part	ty name (3a or 3l	0)	
3a. ORGANIZATION'S NAME INTERLOCK INDUSTRIES, INC.			N. J	/ -	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		()	- 70.		
3c. MAILING ADDRESS	CITY	T	STATE	POSTAL CODE	COUNTRY
PMB 425, 26910 92nd Avenue Northwest C-5	Stanwood		WA	98292	USA
4. COLLATERAL: This financing statement covers the follow APN: 03-08-17-3-0-2300-00 Abbreviated Legal Description: G. & D. JARRELL)			
THIS FIXTURE FILING COVERS A ROOFING S	YSTEM & IS TO BE RECORDED	IN THE REAL ESTA	ATE RECORI	OS OF SKAMANIA C	OUNTY WA
COUNTY/RECORDING DISTRICT: SKAMANIA SITUS/ADDRESS: 212 JARRELL RD, CARSON,	WA 98610				
PARCEL #: 03-08-17-3-0-2300-00 CONVEYS: QUIT CLAIM DEED DOCUMENT NO: 2013001106					
DATE RECORDED: 5/22/2013 LEGAL: THE FOLLOWING DESCRIBED PROPE	RTY IN SKAMANIA COUNTY W	/ASHINGTON:			
LOT 3, G. & D. JARRELL SHORT PLAT, RECOF			DS, IN THE C	COUNTY OF SKAMA	NIA AND
STATE OF WASHINGTON. ABBREVIATED LEGAL: G. & D. JARRELL SP, L	T 3, BK 3, PG 321				
5. Check only if applicable and check only one box: Collatera	al is held in a Trust (see UCC1Ad, item	17 and Instructions)	being administer	red by a Decedent's Perso	onal Representative
6a. Check only if applicable and check only one box:	•	· —		if applicable and check or	
Public-Finance Transaction Manufactured-	Home Transaction A Debtor is a	Transmitting Utility	Agricult	ural Lien Non-UC	C Filing
	ee/Lessor Consignee/Consigne	or Seller/Buyer	r Bail	ee/Bailor Lice	ensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 98846619 LOAN# WAWA	.19005-RC - CALL# 877-765-9378	3	LO	AN AMOUNT: \$27,4	43.16



UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St because Individual Debtor name did not fit, check here	atement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
		-			
OR 9b. INDIVIDUAL'S SURNAME					
OIUM					
FIRST PERSONAL NAME THOMAS					
	SUFFIX				
ADDITIONAL NAME(S)INITIAL(S) M.		- ADOVE OD 4 OF 12 FOR 511 INO OFF	IOT HOT ONLY		
		E ABOVE SPACE IS FOR FILING OFF			
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Dedo not omit, modify, or abbreviate any part of the Debtor's name) and		2b of the Financing Statement (Form UCC1) (us	se exact, full name;		
10a. ORGANIZATION'S NAME	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	$\overline{}$			
	_				
OR 10b. INDIVIDUAL'S SURNAME		1			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	X	4	SUFFIX		
10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
-					
11. ADDITIONAL SECURED PARTY'S NAME OF The Inc. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAME: P	rovide only <u>one</u> name (11a or 11b)			
THE GROANIZATION O NAME					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
4 4					
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
		, ,			
		*			
	1 1				
	\				
13. This FINANCING STATEMENT is to be filed [for record] (or re	corded) in the 14. This FINANCING STATEMENT:				
REAL ESTATE RECORDS (if applicable)	· I — —	covers as-extracted collateral X is filed as	a fixture filing		
15. Name and address of a RECORD OWNER of real estate describe	•				
(if Debtor does not have a record interest): THOMAS M. OIUM	Parcel ID:				
TITOWN TO IVI. OTOIVI	03-08-17-3-0-2300-	UU			
	COUNTY: SKAMAN				
	SITUS: 212 JARRELL RD, CARSON, WA 98610				
CONVEYS: QUIT CLAIM DEED					
DOCUMENT NO: 2013001106					
	DATE RECORDED	5/22/2013			
17. MISCELLANEOUS: 98846619-WA-59 506503 - SIERRA VIEW HOLDI	NGS INTERLOCK INDUSTRIES, INC. File with: 5	Skamania, WA LOAN# WAWA19005-RC - CALL	# 877-765-9378		