Request of: **CORPORATION SERVICE COMPANY (UCC)** eRecorded by: CSC Ingeo **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 3017 83590 801 Adlai Stevenson Drive Filed In: Washington Springfield, IL 62703 (Skamania) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, check here 1a ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX French Angela 1c. MAILING ADDRESS 192 Sievers Road COUNTRY POSTAL CODE 98671 USA Washougal, 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 OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE 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 1st Security Bank of Washington 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS P. O. Box 97000 POSTAL CODE COUNTRY Lynnwood WA 98046 USA 4. COLLATERAL: This financing statement covers the following collateral: HVACAPN: 02052810010400 LEGAL: BEGINNING AT A POINT WHICH IS THE INTERSECTION OF THE SOUTH LINE OF THE BONNEVILLE POWER ADMINISTRATION ELECTRIC POWER LINE RIGHT-OF-WAY AND THE EAST LINE OF THE NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN; THENCE NORTH 89 DEGREES 34 MINUTES 50 SECONDS EAST 347.00 FEET; THENCE SOUTH 00 DEGREES 26 MINUTES 45 SECONDS EAST 717.25 FEET; THENCE SOUTH 89 DEGREES 43 MINUTES 23 SECONDS WEST 604.00 FEET; THENCE ALONG A CURVE TO THE LEFT WITH A RADIUS OF 50 FEET THROUGH A CENTRAL ANGLE OF 120 DEGREES 00 MINUTES 00 SECONDS A DISTANCE OF 104.72 FEET; THENCE NORTH 00 DEGREES 25 MINUTES 45 SECONDS WEST 461.19 FEET; THENCE NORTH 50 DEGREES 56 MINUTES EAST 287.38 FEET TO THE SOUTH LINE OF SAID POWER LINE RIGHT-OF-WAY; THENCE NORTH 89 DEGREES 34 MINUTES 50 SECONDS EAST 75.77 FEET TO THE POINT OF BEGINNING. COUNTY OF SKAMANIA, STATE OF WASHINGTON. 5. Check $\underline{\text{only}}$ if applicable and check $\underline{\text{only}}$ 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 Manufactured-Home Transaction Agricultural Lier A Debtor is a Transmitting Utility Seller/Buyer 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 5152961930 FRENCH (DEBTOR)

Skamania County, WA

Total: \$306.50 Pgs=4

UCC

2025-000092

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line cause Individual Debtor name did not fit, check here	ne 1b was left blank				
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank		
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OR 9b. INDIVIDUAL'S SURNAME			
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

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