**CORPORATION SERVICE COMPANY UCC - SF** Request of: eRecorded by: CSC Ingeo **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 3220 02816 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (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 OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX LAFAYETTE RICHARD 1c. MAILING ADDRESS 627 SHAHALA STREET POSTAL CODE COUNTRY NORTH BONNEVILLE WΑ 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) 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 FIFTH Third Bank, N.A. OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38 POSTAL CODE COUNTRY Fountain Sq Plaza, 1MOBA5 Cincinnati OH 45263 USA 4. COLLATERAL: This financing statement covers the following collateral: THE FOLLOWING DESCRIBED REAL ESTATE, SITUATION IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON: LOT 27, BLOCK 6, PLAT OF RELOCATED NORTH BONNEVILLE, RECORDED IN BOOK B OF PLATS, PAGE 12, UNDER SKAMANIA COUNTY FILE NO. 83466, ALSO RECORDED IN BOOK B OF PLATS, PAGE 28, UNDER SKAMANIA COUNTY FILE NO. 83329, RECORDS OF SKAMANIA COUNTY, WASHINGTON. PROPERTY ADDRESS:- 627 SHAHALA STREET, NORTH BONNEVILLE, WA 98639 PARCLE ID:- 02072043300000 The collateral described below is located at the Debtors address listed above. ALL OF THE DEBTORS RIGHT TITLE 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 Manufactured-Home Transaction Agricultural Lien A Debtor is a Transmitting Utility 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 3220 02816

Skamania County, WA

Total: \$305.50 Pgs=3

UCC

2025-001394

09/03/2025 11:02 AM

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line because Individual Debtor name did not fit, check here	1b was left blank			
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S SURNAME		1		
LAFAYETTE FIRST PERSONAL NAME				
RICHARD				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debdo not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing		1b or 2b of the Financing Statem	ent (Form UCC1) (use exact	, full name;
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME	<b>~</b> ~ (	. 12		
INDIVIDUAL'S FIRST PERSONAL NAME	FF	$\smile$		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>	4.	SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURED PARTY'S	NAME: Provide only <u>one</u> nam	e (11a or 11b)	
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OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM covers timber to be c		ollateral 🖊 is filed as a	fixture filing
(if Debtor does not have a record interest): RICHARD LAFAYETTE, 627 SHAHALA STREET,		B DESCRIBED REA SKAMANIA, STAT	·	
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## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

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