Requested by and return to: Salal Credit Union P.O. Box 75029 Scattle, WA 98175-0029 Scattle, WA 98175-0029 INITIAL FINANCING STATEMENT FILE # 2682713 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE and analorized Active Please refer to the detailed instructions DELETE name. Give integrads to changing the name/address of a party. CHANGE ACCORD INFORMATION: Sa. ORGANIZATION'S NAME CURRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME FIRST NAME CESAR CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME CESAR CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME CESAR CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description or describe on the collateral description or	nterest(s) of the Secured Party authorizing this Continuation Statement in the secured Party authorizing this Continuation Statement in the secured party and also give name of assignor in item 9. The secured party authorizing this Continuation Statement is continuated by the secured party and also give name are secured party and also give name.
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	or, if this is an Assignment). If this is an Amendment authorized by a Debi and enter name of DEBTOR authorizing this Amendment.
Salal Credit Union 9b. INDIVIDUAL'S LAST NAME FIRST NAME	