CC FINANCING STATEMENT  DLLOW INSTRUCTIONS (front and back) CAREFULLY  . NAME & PHONE OF CONTACT AT FILER [optional]			IRECT SERV	CORD 7: 7ICES
		Doug Werner	glas County - Christen - Re	NV corder
		ge: 1 (	1 1	e: 20
. SEND ACKNOWLEDGMENT TO: (Name and Address)			1 1	•
UCC DIRECT SERVICES 111 EIGHTH AVENUE 13TH FLOOR				
NEW YORK, NY 10011	<			\
L.				
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (			OR FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME	GO TO, GO TO CONTROL OF CONTROL O			1
R 15 INDIVIDUAL'S LAST NAME	FIRST NAME	TMIDDLE	NAME	SUFFIX
SWANSON	MEREDITH			1
MAILING ADDRESS 420 DOUGLAS AVENUE	CITY	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN TADD'L INFO RE 11e. TYPE OF ORGANIZATION	GARDENVILLE  1f. JURISDICTION OF ORGANIZATION	NV 10 OPG	89410 ANIZATIONAL ID#, if any	USA
ORGANIZATION DEBTOR	I SOCIODIONOI OROANIZATION	/ // // //	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Пν
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	ne debtor name (2a or 2b) - do not abbreviate or	combine names		
2a. ORGANIZATION'S NAME		/		
R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NĂME	SUFFIX
MAILING ADDRESS		7%		
/ /	dtA	STATE	POSTAL CODE	COUNTRY
I. TAX ID #: S\$N OR EIN   ADDIL INFO RE   26. TYPE OF ORGANIZATION   DEBTOR		/ /	POSTAL CODE  GANIZATIONAL ID #, if any	COUNTRY
TAX ID #: SSN OR EIN   ADDIL INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only one secured party name (	2g. ORC		
TAX ID #: S\$N OR EIN   ADDIL INFO RE   26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 36. ORGANIZATION'S NAME	ZI. JURISDICTION OF ORGANIZATION	2g. ORC		
TAX ID #: SSN OR EIN   ADDIL INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only one secured party name (	2g. OR0 3a or 3b)		
TAX ID #: SSN OR EIN   ADDIL INFO RE   26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGN 36. ORGANIZATION'S NAME   WASHINGTON MUTUAL AMM	2f. JURISDICTION OF ORGANIZATION  NOR S/P) - insert only <u>one</u> secured party name (	2g. OR0 3a or 3b)	SANIZATIONAL ID #, if any	

LOAN # 5928448231