

UCC FINANCING STATEMENT**ELECTRONIC FILING***

A. NAME, PHONE, EMAIL, FAX OF CONTACT AT FILER: NORMA HALTTUNEN 509-344-2551 normah@stcu.org ----	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) WIDMYER, STEVEN D 1319 ASH AVENUE COEUR D'ALENE, ID 83814	

IDAHO SECRETARY OF STATE
12/19/2012 12:13
 \$3.00
 Filing Number:
B 2012-1116662-1

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME:					
OR	1b. LAST NAME: WIDMYER		FIRST NAME: R.	MIDDLE NAME: MARIE	SUFFIX:
1c. MAILING ADDRESS: 1319 ASH AVENUE		CITY: COEUR D'ALENE	STATE: ID	POSTAL CODE: 83814	COUNTRY: USA
1d. TAX D #: SSN OR TIN	ADD'L INFO RE ORGANIZATION DEBTOR:	1e. TYPE OF ORG:	1f. JURISDICTION OF ORG:	1g. ORGANIZATIONAL ID #: (if any)	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME:					
OR	2b. LAST NAME: REAGAN		FIRST NAME: WILLIAM	MIDDLE NAME: T	SUFFIX:
2c. MAILING ADDRESS: 1319 ASH AVENUE		CITY: COEUR D' ALENE	STATE: ID	POSTAL CODE: 83814	COUNTRY: USA
2d. TAX D #: SSN OR TIN	ADD'L INFO RE ORGANIZATION DEBTOR:	2e. TYPE OF ORG:	2f. JURISDICTION OF ORG:	2g. ORGANIZATIONAL ID #: (if any)	

ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (a or b) - do not abbreviate or combine names

a. ORGANIZATION'S NAME:					
OR	b. LAST NAME: REAGAN		FIRST NAME: DANELLE	MIDDLE NAME: A	SUFFIX:
c. MAILING ADDRESS: 1319 ASH AVENUE		CITY: COEUR D' ALENE	STATE: ID	POSTAL CODE: 83814	COUNTRY: USA
d. TAX D #: SSN OR TIN	ADD'L INFO RE ORGANIZATION DEBTOR:	e. TYPE OF ORG:	f. JURISDICTION OF ORG:	g. ORGANIZATIONAL ID #: (if any)	

ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one debtor name (a or b) - do not abbreviate or combine names

a. ORGANIZATION'S NAME:					
OR	b. LAST NAME: WIDMYER		FIRST NAME: STEVEN	MIDDLE NAME: D.	SUFFIX:
c. MAILING ADDRESS: 1319 ASH AVENUE		CITY: COEUR D' ALENE	STATE: ID	POSTAL CODE: 83814	COUNTRY: USA
d. TAX D #: SSN OR TIN	ADD'L INFO RE ORGANIZATION DEBTOR:	e. TYPE OF ORG:	f. JURISDICTION OF ORG:	g. ORGANIZATIONAL ID #: (if any)	

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) -- insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: STCU					
OR	3b. LAST NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:
3c. MAILING ADDRESS: 528 E SPOKANE FALLS BLVD. # 16		CITY: SPOKANE	STATE: WA	POSTAL CODE: 99202	COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

ALL CHATTEL PAPER, ACCOUNTS, EQUIPMENT, GENERAL INTANGIBLES, FURNITURE AND FIXTURES WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS)

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PROCEEDS)

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the

REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)(ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA:

Loan # 8000006315

*Electronically generated from original XML Document