

# 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) STCU 528 E SPOKANE FALLS BLVD. # 16 SPOKANE, WA 99202	

IDAHO SECRETARY OF STATE  
**12/19/2012 12:34**  
 \$3.00  
 Filing Number:  
**B 2012-1116663-0**

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: STEVEN	MIDDLE NAME: D	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: WIDMYER		FIRST NAME: R.	MIDDLE NAME: MARIE	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: WILLIAM	MIDDLE NAME: T	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: 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)	

**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)

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

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**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

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**8. OPTIONAL FILER REFERENCE DATA:**

Loan # 8000006307

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\*Electronically generated from original XML Document