

14459055 B: 11614 P: 3817 Total Pages: 1  
11/04/2025 01:09 PM By: csummers Fees: \$40.00  
Rashelle Hobbs, Recorder, Salt Lake County, Utah  
Return To: SALAL CREDIT UNION  
PO BOX 75029 SEATTLE, WA 98175



## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
**Funding Group 206.298.9394 ext 8903**

B. E-MAIL CONTACT AT SUBMITTER (optional)  
**consumerfunding@salalcu.org**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Recording requested by and return to:  
Salal Credit Union  
PO Box 75029  
Seattle, WA 98175-0029

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 not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
OR 1b. INDIVIDUAL'S SURNAME **GLADDEN** FIRST PERSONAL NAME **LORI** ADDITIONAL NAME(S)/INITIAL(S) **JANENE** SUFFIX  
1c. MAILING ADDRESS **5772 S 4580 W** CITY **SALT LAKE CITY** STATE **UT** POSTAL CODE **84118-6025** COUNTRY **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 not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**USA**

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 **Salal Credit Union**  
OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**USA**

4. COLLATERAL: This financing statement covers the following collateral:

**WINDOWS: 10 FAIRFIELD DOUBLE PANE WINDOWS**

APN: 21-18-176-016-0000

LEGAL: LOT 211, BLOCK 84-B, HOFFMAN HEIGHTS NO. 13, 9490-3146 9865-5581, 5583 0909865-5601 10699-7408

5772 S 4580 W, SALT LAKE CITY, UT 84118-6025

SALT LAKE COUNTY

Fixture Filing

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:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing

6b. Check only if applicable and check only one box:  
 Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**275150 0600**