

Uniform Commercial CodeAffidavit of Wrongful Filing

Filing number of financing state	ement asserted to have been filed wrongfully:	
Person identified as a debtor in the above:	e financing statement filed under the filing number	
Name:		
Mailing Address:		
City:	State: Postal Code:	
I, the undersigned, pursuant to lo	wa Code section 554.9513A, hereby affirm that I believe	
that the financing statement ident	ified above and identifying the debtor named above was	
not authorized to be filed and was	caused to be communicated to the office of the	
Secretary of State with the intent	to harass or defraud the debtor named above.	
Signature:	Date:	
Printed Name:	Email:	_
Title, if relevant:	Phone:	
	State of County of	
Notary Stamp/Seal	Signed and sworn (or affirmed) before me o	
	(Date) (Name of individual making statement)	
	X(Signature of Notary Public)	_
	(Signature of Notary Public)	
	Title of office:	
	My commission expires:	
	(Date)	