

Uniform Commercial Code Affidavit of Wrongful Filing

Filing number of financing state	ement asserted to have been filed wrongfully:
Person identified as a debtor in the above:	ne financing statement filed under the filing number
Name:	
Mailing Address:	
	State: Postal Code:
I, the undersigned, pursuant to lo	wa Code section 554.9513A, hereby affirm that I believe
that the financing statement ident	tified above and identifying the debtor named above was
not authorized to be filed and was	s 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 on: by
	(Date) (Name of individual making statement)
	X(Signature of Notary Public)
	Title of office:
	My commission expires:
	(Date)