UCC FINANCING STATEMENT

FULLOW INSTRUCTIONS	
A NAME & PHONE OF CONTACT AT FI Jan Willmering	LER (optional) (509) 327-9634
B. E-MAIL CONTACT AT FILER (optional	
janw@upfservices.co	om
C. SEND ACKNOWLEDGMENT TO: (Na	
	→ · · · · · · · · · · · · · · · · · · ·
UPF Services	
12410 E. Mirabeat	ı Parkway, Ste 100
Spokane Valley, W	VA 99216



Skagit County Auditor

\$72.00

4/30/2014 Page

1 of

1 10:05AM

UPF Services	<u>'</u>		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216			
	THE ABO	OVE SPACE IS FOR FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact fur name will not fit in line 1b, leave all of item 1 blank, check here and provide the second of t	•		
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME LEKOS	FIRST PERSONAL NAME ORION	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
749 Shaw Rd	Bellingham	WA 98229-	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fur name will not fit in line 2b, leave all of item 2 blank, check here and pro-	, At		
2a. ORGANIZATION'S NAME	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on to or the financing between vectors and the own	
:			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIG	NOR SECURED PARTY): Provide only o	ine secured party name (3a or 3b)	
3a ORGANIZATION'S NAME Puget Sound Cooperative Credit Unio	-n		
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
S. INDIVIDUAL S SONIFAME	I INOT PERSONAL NAME	A processing the second	COLLIN
3c MAILING ADDRESS 600 108th Ave NE Suite #1035	CITY Bellevue	STATE POSTAL CODE WA 98004	COUNTRY
	Dellevue	VVA 98004	USA
 COLLATERAL: This financing statement covers the following collateral: ITEK 270 W MODULES, 2 ELTEK THEIA IN 	PANALTERS SOUNDARTS	SOLAD SYSTEM ALONG WIT	H AETER
ACQUIRED FIXTURES PERTAINING TO ENE			
AT: 749 SHAW RD, BELLINGHAM WA 98229,			
FORM(S).			
Logal: The North 220 feet, as measured at a rig	ht analo to and narallal wi	th the North line of the Wort 660) foot as
Legal: The North 330 feet, as measured at a rig measred along the North line and parallel with ti			
N1/2 of the SE1/4 of the SW1/4 lying West of the			
the N1/2 of the SE1/4 of the SW1/4 lying East of			
the SE1/4 of the SW1/4 as said road existed on	11/5/1953, all in Sec 1, T	36N, R3E., W.M., in Skagit Cou	nty, WA
APN: P47556			1
5. Check only if applicable and check only one box: Collateral is held in a	Trust (see UCC1Ad, item 17 and Instruction	ons) being administered by a Deceden't Person	al Representative
6a Check only if applicable and check only one box:		6b. Check only if applicable and check only	one box:
Public-Finance Transaction Manufactured-Home Transaction			CC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Cansignee/Consignor Se	eller/Buyer Bailee/Bailor License	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #2583711-25287 Lo	an#	SBA Loan #	No.