



201510020043

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Skagit County Auditor

\$72.00

10/2/2015 Page

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1 11:15AM

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@escinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 105913815 - 304860 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	
Filed In: Washington (Skagit)	

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 DAY	FIRST PERSONAL NAME THOMAS	ADDITIONAL NAME(S)/INITIAL(S) S
1c. MAILING ADDRESS 2725 EAST FIR ST #68		CITY MOUNT VERNON	STATE WA POSTAL CODE 98273 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

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 BANK OF THE PACIFIC			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS PO BOX 1826		CITY ABERDEEN	STATE WA POSTAL CODE 98520 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
1975 SIGNATURE 60/24 (Serial Number 0S0196UX); 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: LOCATED AT 2725 East Fir Street, Space #68, Mount Vernon WA 98273

Parcel #P25160

LEGAL: MANUFACTURED HOME ONLY 1975 SIGNATURE 54X24 SERIAL NUMBER 0S0196 PARK VILLAGE MOBILE PARK SPACE NUMBER 68.

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

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA: :DAY XXXX6101

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