

| UCC FINANCING STATEMENT | 20 | 201510260079 | | | |
|--|---|----------------|-------------------------------------|--|--|
| FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634 B. E-MAIL CONTACT AT FILER (optional) dianan@upiservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) UPF Services 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, VVA 99216 | Skagit County 10/26/2015 P | Auditor age | 1 of | \$73.00 1 11:10AM | |
| DEBTOR'S NAME: Provide only one Debtername (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 | | | | | |
| OR 1b. INDIVIDUAL'S SURNAME Knauft | FIRST PERSONAL NAME NIKOLE | | NAL NAME(S)/INIT | | |
| 16 MAILING ADDRESS 16597 Augusta Ln | Burlington | | 98233- | COUNTRY | |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME | | | | | |
| OR 25. INDIVIDUAL'S SURNAME | PIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INIT | IAL(S) SUFFIX | |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE OF ASSIGNOR 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union OR 3b. INDIVIDUAL'S SURNAME | SECURED PARTY: Provide anly are secured | | (3a or 3b) NAL NAME(SYINIT | IAL(S) SUFFIX | |
| 3c MAILING ADDRESS 600 108th Ave NE Suite #1035 | Bellevue | | POSTAL CODE 98004 | COUNTRY | |
| 4. COLLATERAL: This financing statement covers the following collateral: LENNOX ELITE SERIES 2 STAGE GAS FURNACE, LENNOX XC14 AIR CONDITIONER, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 16597 AUGUSTA LN, BURLINGTON, WA 98233 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S). LEGAL: LOT 39, BAY HILL VILLAGE, DIVISION II, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOL. 15 OF PLATS, PGS., 125 AND 126, RECORDS OF SKAGIT COUNTY, WASHINGTON. APN: P104452 | | | | | |
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| 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 Personal Representative | | | | | |
| 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction | 6b. | | if applicable and ch Itural Lien | eck <u>only</u> one box: Non-ECC Filing | |
| 7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor | Consignee/Consignor Seller/Buyer | 17.0 | lee/Bailor | Licensee/Lices/sor | |

SBA Loan #

8. OPTIONAL FILER REFERENCE DATA UPF Tracking #3008250-29697

Loan #