

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A NAME SPHONE OF CONTACT AT FILER (optional)

Diana Norberg (5 (509) 327-9634 B. E-MAIL CONTACT AT FILE (cotional) dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

401	605090082""

Skagit County Auditor

\$73.00

5/9/2016 Page

1 of

1 12:32PM

UPF Services 12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216			
	THE ABOVE S	SPACE IS FOR FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a of 1b) (Use exact full name mame will not fit in line 1b, leave all of item 1 blank, check here			
1a. ORGANIZATION'S NAME			
OR 1D. INDIVIDUAL'S SURNAME MACNEILL	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 15357 Dewey Crest Ln	Anacortes	STATE POSTAL CODE WA 98221	COUNTRY
2. 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		· · · · · · · · · · · · · · · · · · ·	
2a. ORGANIZATION'S NAME	THE WILLIAM TO THE THE THE TO THE	or the Europe of Statement Addendari (FOIII)	
OR 25. INDIVIDUAL'S SURNAME MACNEILL	PIRST PERSONAL NAME DOROTHY	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS 15357 Dewey Crest Ln	Anacortes	STATE POSTAL CODE WA 98221	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR 38. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union OR 3b. INDIVIDUAL'S SURNAME	SECURED PARTY). Provide only one sec	cured party name (3a or 3b) ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SU. INDIVIDUAL S SURIVANIE	FIRST PERSONAL IVANIE	ADDITIONAL MANIE(S) INTINC(S)	301112
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	CITY Bellevue	STATE POSTAL CODE WA 98004	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: 9.12KW SOLAR SYSTEM: 32 ITEK PANELS, 1 SOF FIXTURES PERTAINING TO ENERGY EFFICIEN DEWEY CREST LANE, ANACORTES, WA 98221 DISBURSEMENT FORM(S).	ICY UPGRADES AT THE F	PROPERTY LOCATED AT:	
LEGAL: LOTS 5 AND 6, DEWEY BEACH ADDITI PG. 50, IN SKAGIT COUNTY, WASHINGTON.	ON NO. 4, AS PER PLAT I	RECORDED IN VOL. 7 OF	PLATS,
APN: P65068			
			112
5. Check only if applicable and check only one box. Collateral is held in a Trus	st (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Person	al Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction	A Deblor is a Trasmitting Utility	6b. Check <u>only</u> if applicable and check <u>orly</u> Agricultural Lien Non-U	one box. CC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Bu		ee/Liconsor_
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #3154141-31419 Loan	#	SBA Loan #	