

Skagit County Auditor 1/12/2017 Page

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DCC FINANCING STATEMENT				
A NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)	······································			
C. SEND ACKNOWLEDSWENT TO (Name and Address)	**************************************			
PACIFIC UNION FINANCIAL, LLC 8900 FREEPORT PARKWAY, SUITE 1 IRVING, TEXAS 75063	.50			
Loan Number: 30720232	THE ABOVE SPACE	E IS FOR FILING O	FFICE USE ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1st of 1b) (use ename); if any part of the Individual Debtor's name will not fit in line 1 information in item 10 of the Financing Statement Addends in Form U		fy, or abbreviate k here ☐ and p	any part of the Deb rovide the Individua	tor's Debtor
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME CANTU	FIRST PERSONAL NAME GEORGE	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
1c. MAILING ADDRESS 1507 ALLEN COURT	ANACORTES	STATE WA	POSTAL CODE 98221	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ename); if any part of the Individual Debtor's name will not fit in line 2 information in item 10 of the Financing Statement Addendum (Form U.2a. ORGANIZATION'S NAME.	'n loove eil of item 7 blank abesi	fy, or abbreviate k here [] and p	and of the Deb	tor's Debtor
OR 2b. INDIVIDUAL'S SURNAME	TFIRST PERSONAL NAME	APPRITIONAL NA	MECONINETH (O)	
CANTU	BONNIE R.	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
2c. MAILING ADDRESS 1507 ALLEN COURT	ANACORTES	STATE W.A.	POSTAL CODE 98221	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	SECURED PARTY): Provide only or	ne Secured Party	name (3a or 3b)	
PACIFIC UNION FINANCIAL, LLC		and the same of th		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS 8900 FREEPORT PARKWAY, SUITE 150	IRVING	STATE TX	POSTAL CODE 75063	USA
4. COLLATERAL: This financing statement covers the following collateral: LEGAL DESCRIPTION ATTACHED HERETA.P.N.: P122996				
 Check only if applicable and check only one box: Collateral S held in a Trus Representative. 	st (see UCC1Ad, item 17 and Instruction	s) being adminis	iterad by a Decedent's	Personal
6a. Check only if applicable and check only one box: Public-Finance Transaction		6b. Check only if applicable and sheck only one box: Agricultural Lien Dison-UCC filling		
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor Consignee/Co	onsignor 🔲 Seller/Buyer 🔲 Bailee/Ba	ilor 🔲 Licensee/Lic	censor	
.ender NMLS ID: 1223891 .oan Officer Name:DAVID ROMERO .oan Officer NAMLS ID: 408625				