



Skagit County Auditor  
1/12/2017 Page 1 of 1 3:06PM \$73.00

# UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Shelley Miner/(360) 299-0565</b>
B. E-MAIL CONTACT AT FILER (optional) <b>shelleym@itco.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Land Title &amp; Escrow of Skagit &amp; Island County 3010 Commercial Ave. Anacortes, WA, 98221 Escrow No.: 02-160675-OAE</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only <u>one</u> 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 <input type="checkbox"/> and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)
1a. ORGANIZATION'S NAME <b>Northwest Truck Leasing, L.L.C.</b>
OR
1b. INDIVIDUAL'S SURNAME <b>Chaney</b>
FIRST PERSONAL NAME <b>Ronald</b>
ADDITIONAL NAME(S)/INITIALS(S) <b>Rose</b>
SUFFIX
1c. MAILING ADDRESS <b>3101 V Place, Unit 35</b>
CITY <b>Anacortes</b>
STATE <b>WA</b>
POSTAL CODE <b>98221</b>
COUNTRY
2. DEBTOR'S NAME — Provide only <u>one</u> 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 <input type="checkbox"/> 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)/INITIALS(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 <u>one</u> Secured Party name (3a or 3b)
3a. ORGANIZATION'S NAME
OR
3b. INDIVIDUAL'S SURNAME <b>Chaney</b>
FIRST PERSONAL NAME <b>Ronald</b>
ADDITIONAL NAME(S)/INITIALS(S) <b>Rose</b>
SUFFIX
3c. MAILING ADDRESS <b>431 Lakeview Blvd</b>
CITY <b>Sandpoint</b>
STATE <b>ID</b>
POSTAL CODE <b>83864</b>
COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Goods to become fixtures the following property: PARCEL "A": Unit 35, "FIDALGO MARINA CONDOMINIUM", according to Declaration thereof recorded under Auditor's File No. 9302250060 and survey map and plans thereof in Volume 15 of Plats, pages 75 through 77, under Auditor's File No. 9302250059, records of Skagit County, Washington, and as corrected and amended by Auditor's File Nos. 9303050032 and 9508160024. PARCEL "B": Marina Slip No. 35 as shown on Exhibit "B" to Condominium Declaration recorded under Auditor's File No. 9302250060, Skagit County, Washington, lying within the Harbor Area described in the Lease from the State of Washington, Department of Natural Resources, as Lessor, to The City of Anacortes, as lessee, recorded under Recording No. 9207240213, and in the sublease from the City of Anacortes as sublessor, to Fidalgo Marina Partnership, as sublessee recorded under Recording Nos. 9207240214 and 9207310172, records of said County; PARCEL "C": An undivided .15% interest in the Marina Improvements as defined in and conveyed by Quit Claim Deed from Fidalgo Marina Partnership, as grantor, to Ronald Chaney and Rose Chaney, husband and wife, as grantee dated August 12, 1993, and recorded on September 1, 1993, under Auditor's File No. 199309010126, records of Skagit County, Washington.
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser
8. OPTIONAL FILER REFERENCE DATA: <b>PA 102545</b>