

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



201702240052

Skagit County Auditor

\$74.00

2/24/2017 Page

1 of

2 10:20AM

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

1274 03209
 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 Wright	FIRST PERSONAL NAME Randall	ADDITIONAL NAME(S)/INITIAL(S) T	SUFFIX
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1c. MAILING ADDRESS 27862 State Route 20	CITY Sedro Woolley	STATE WA	POSTAL CODE 98284	COUNTRY USA
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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 Wright	FIRST PERSONAL NAME Shannon	ADDITIONAL NAME(S)/INITIAL(S) Adele	SUFFIX
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2c. MAILING ADDRESS 27862 State Route 20	CITY Sedro Woolley	STATE WA	POSTAL CODE 98284	COUNTRY USA
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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 **Generations Credit Union**

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS 929 Eastside Street SE	CITY Olympia	STATE WA	POSTAL CODE 98501	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:

Perfection: Purchase Money Security Interest-in Fixture. Complete 9.735kW Solar System with 33 ITEK 295-Watt Energy Modules, 1 Solectria Inverter including all Equipment and Components-installed at 27862 State Route 20 Sedro Woolley, WA 98284

Parcel:P38796

Situs Add.:27862 State Route 20

Abb. Legal Add.:(1.8100 ac) Tract 1 of Skagit County Short Plat Number 136-79 Recorded Under Auditor's File Number 8001300019 Being A Portion of The Southeast Quarter of The Southeast Quarter of Section 10 Township 35 Range 5

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

1274 03209

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR
9b. INDIVIDUAL'S SURNAME

Wright

FIRST PERSONAL NAME

Randall

ADDITIONAL NAME(S)/INITIAL(S)

T

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut

covers as-extracted collateral

is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Randall T Wright
Shannon Adele Wright
27862 State Route 20
Sedro Woolley, WA 98284

16. Description of real estate:

Perfection: PMSI-in Fixture. Complete 9.735kW Solar System with 33 ITEK 295-Watt Energy Modules, 1 Solectria Inverter including all Equipment and Components-installed at 27862 State Route 20 Sedro Woolley, WA 98284 Parcel:P38796 Situs Add.:27862 State Route 20
Abb. Legal Add.: S:10 T:35 R:5(1.8100 ac) Tract 1 of Skagit County Short Plat Number 136-79 Recorded Under Auditor's File Number 8001300019 Being A Portion of The SE Quarter of The SE

17. MISCELLANEOUS: