



Skagit County Auditor 4/20/2017 Page

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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional)				
SPRFilling@escimfo.com				
C. SEND ACKNOWLEDGMENTIC: (Name and Address)				
1295 30135				
Corporation Service Company	· I			
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In	. Markinston			
Springheid, IL 02703	: Washington (Skagit)			
	Table 1	/E SPACE IS FO	R FILING OFF	FICE USE ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (12 or 1b) (use exact, f name will not fit in line 1b, leave all of item 1 blank, check here and provide the content of the conte				
1a. ORGANIZATION'S NAME	<b>b</b>			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	l .	NAL NAME(S)/IN	NITIAL(S) SUFFIX
Howe	Trudy	Lynne		
1c. MAILING ADDRESS 13031 Buchanan Lane	Mount Vernon	STATE WA	98273	E COUNTRY USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact.)	ull name; do not omit, modify, or abbreviate an	y part of the Debtor	's name); if any (	part of the Individual Debtor's
	ds the individual Debtor Information in item 10	of the Financing St	atement Addend	um (Form UCC1Ad)
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/IN	NITIAL(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	E COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide only one Secured P	arty name (3a or 3t	J	
3a. ORGANIZATION'S NAME Generations Credit Union			÷.	
OR 35. INDIVIDUAL'S SURNAME	TERROT PERSONNIA NA PERSONNIA N	LADDITIO	NAL NAME(S)/IN	AUTIAL (C) COFFIN
30. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/IP	NITIAL(S) SUFFIX
3c. MAILING ADDRESS 929 Eastside Street SE	CITY	STATE	POSTAL CODE	E COUNTRY
	Olympia	\\ WA	98501	USA
4. COLLATERAL: This financing statement covers the following collateral:	internal Complete College	S. o. M. o. A.	22 ITEV 2	00 Wett Engage
Perfection: Purchase Money Security Interest-in Fi Modules, 1 Solectria PVI 7600TL Inverter including				
Mount Vernon, WA 98273	g all Equipment and Compone	enta kistalle	2 at-1303 i	buchanan St
Parcel:P128344		Anthony Control		
Situs Add.:13031 Buchanan Lane				
Abb. Legal Add.:0.9500 ac) Lot 1 of Skagit County	Short Blot BL09 0415 Boos	dod Undor	^⊏#วกักดช <sup>ู</sup>	. ↑ 2040074 Boing A
Portion Of Lot 1 Of WM Shauger Acreage, Clear L	oke Weshington Located in	the NE1/4 c	<b>™Γ₩Ζ₩₽₽₩</b> √₽ΚΝΛ⊁¶/4°Ω	1940074 Bellig A
Township 34 North Range 4 East W.M. Q:NW S:1		IIIG IVL I/ <del>-</del> C		" CCGOII 12
Township 34 North Nange 4 East W.W. G. NW 3.	12 1.54 10.04			
			1	
			No.	
5. Check only if applicable and check only one box: Collateral is held in a Tru	ist (see UCC1Ad, item 17 and Instructions)	being administe	red by a Decede	ent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check <u>only</u>	if applicable and	check <u>only</u> one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		Itural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Cansignee/Cansignor Seller/Bu	iyer Ba	alee/Bailor	Licensee/Licensor
8. OPTIONAL FILER RÉFERENCE DATA:				1295 30135

## 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. ORGANIZATIONS NAME 9b, INDIVIDUAL'S SURNAME Howe FIRST PERSONAL NAME Trudy ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Lynne THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only and 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 Deptor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 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: is fied as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Perfection: PMSI-in Fixture. Complete 9.9kW Solar System Trudy Lynne Howe including all Equipment and Components installed at-13031 13031 Buchanan Lane Buchanan St Mount Vernon, WA 98273 Mount Vernon, WA 98273 Parcel:P128344 Situs Add.:13031 Buchanan Lane Abb. Legal Add,:Q:NW S:12 T:34 R:04 0.9500 ac) Lot 1/of Skagit/ County Short Plat PL08-0415 Recorded Under AF#200903040074 Being A Portion Of Lot 1 Of WM Shauger Acreage, Clear Lake War Located in The NE1/4 of NW1/4 of Section 12 Township 34 North

17. MISCELLANEOUS: