



201706270015

Skagit County Auditor

\$74.00

6/27/2017 Page

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2 10:11AM

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|   |                                  |
|---|----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Corporation Service Company 1-800-858-5294    |                                  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@csinfo.com                                   |                                  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |                                  |
| 1327 99240<br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Washington<br>(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<br>MANTIKOSKI |                                    |   |
|  | FIRST PERSONAL NAME<br>JACQUELINE      | ADDITIONAL NAME(S)/INITIAL(S)<br>A | SUFFIX  |
| 1c. MAILING ADDRESS 304 E HIGHLAND AVE |  | CITY<br>MOUNT VERNON               | STATE   POSTAL CODE   COUNTRY<br>WA   98273   USA |

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<br>MANTIKOSKI |                                    |   |
|  | FIRST PERSONAL NAME<br>PAUL            | ADDITIONAL NAME(S)/INITIAL(S)<br>D | SUFFIX  |
| 2c. MAILING ADDRESS 304 E HIGHLAND AVE |  | CITY<br>MOUNT VERNON               | STATE   POSTAL CODE   COUNTRY<br>WA   98273   USA |

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 1st Security Bank of Washington |                          |                               |   |
| OR  | 3b. INDIVIDUAL'S SURNAME |                               |   |
|   | FIRST PERSONAL NAME      | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 3c. MAILING ADDRESS P. O. Box 97000                     |                          | CITY<br>Lynnwood              | STATE   POSTAL CODE   COUNTRY<br>WA   98046   USA |

4. COLLATERAL: This financing statement covers the following collateral:

6 WINDOWS

APN: P54431

LOT 1, BLOCK 4, "STORIE & CARPENTER'S ADDITION TO THE CITY OF MT. VERNON", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 58, RECORDS OF SKAGIT COUNTY, WASHINGTON

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  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :5151119660, MANTIKOSKI

1327 99240

# 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

MANTIKOSKI

FIRST PERSONAL NAME

JACQUELINE

ADDITIONAL NAME(S)/INITIAL(S)

A

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 UCC-1) (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):

16. Description of real estate:

17. MISCELLANEOUS: