



201712210019

Skagit County Auditor

\$74.00

12/21/2017 Page

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1 10:22AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|----------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| Diana Norberg | (509) 327-9634 |
| B. E-MAIL CONTACT AT FILER (optional) | |
| dianan@upfservices.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| UPF Services 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 | |

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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | Thawsh | Marty | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 2513 N 34th Pl | Mount Vernon | 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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | Thawsh | Laura | A | |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 2513 N 34th Pl | Mount Vernon | WA | 98273 | USA |

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Puget Sound Cooperative Credit Union

| | | | | |
|------------------------------|--------------------------|---------------------|-------------------------------|---------|
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 600 108th Ave NE Suite #1035 | Bellevue | WA | 98004 | USA |

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

5.4 KW SOLAR: 18 ITEK PANELS AND 9 APS MICRO INVERTERS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 2513 N 34TH PL, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 11, PLAT OF CENTENNIAL GROVE, AS PER PLAT RECORDED IN VOL. 15 OF PLATS, PG. 26 OF SKAGIT COUNTY WASHINGTON.

APN: P100826

| | |
|--|--|
| 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. ALTERNATE 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/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA UPF Tracking #4415556-37651 Loan # SBA Loan # | |