



201804050007

Skagit County Auditor

\$74.00

4/5/2018 Page

1 of

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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)

**Chronos Mortgage Solutions
 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 RAMSEY	FIRST PERSONAL NAME BRIANNE	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX
1c. MAILING ADDRESS 17661 S Skyridge Dr	CITY Mount Vernon	STATE WA	POSTAL CODE 98274
		COUNTRY 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 RAMSEY	FIRST PERSONAL NAME KEVIN	ADDITIONAL NAME(S)/INITIAL(S) T	SUFFIX
2c. MAILING ADDRESS 17661 S Skyridge Dr	CITY Mount Vernon	STATE WA	POSTAL CODE 98274
		COUNTRY 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 600 108th Ave NE Suite #1035	CITY Bellevue	STATE WA	POSTAL CODE 98004
		COUNTRY USA	

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

2 SMA INVERTERS, 10.8KW SOLAR SYSTEM; 36 ITEK PANELS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 17659 SOUTH SKYRIDGE DRIVE, MOUNT VERNON, WA 98274 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 1, SKYRIDGE DIVISION NO. V, AS PER PALT RECORDED IN VOLUME 14 OF PLATS, PAGE 9, IN SKAGIT COUNTY, WASHINGTON.

APN: P83199

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

8. OPTIONAL FILER REFERENCE DATA
Chronos Tracking #4674046-39172 Loan # **SBA Loan #**