



Skagit County Auditor 4/5/2018 Page

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\$74.00 1 8:37AM

## UCC FINANCING STATEMENT

FOLLOWINGTRUCTIONS	
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 PO. (Name and Address)	
	¬
Chronos Mortgage Solutions	
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	

dianan Quatean visce acm					
dianan@upfservices.com c SEND ACKNOWLEDGMENT TO (Name and Address)					
	I				
Chronos Mortgage Solutions					
12410 E. Mirabeau Parkway, Ste 100	l				
Spokane Valley, WA 99216					
Spokane valley, VVA 992 V	1.1				
		THE ABOVE S	PACE IS FOR	FILING OFFICE USE O	NLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name)					
name will not fit in line 1b, leave all of item 1 blank offeck here	the Individual Debtor	r information in item 10 c	f the Financing 5	Slatement Addendum (Form	UCC1Ad)
1a, ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	PIRST PERSONAL	NAME	ADDITIO	MAL BIARACTON THE TALLO	OUESIN
ARAGON	JERROD		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
24273 Nookachamp Hills Dr	Mount Ve	ernon		98274	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact still na	nie; de not omit, modi	ify, or abbreviate any ραι	t of the Debtor's	name); if any part of the Ind	ividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here	tke Individual Debtor	information in item 10 o	f the Financing S	Statement Addendum (Form	UGC1Ad)
2a, ORGANIZATION'S NAME		æ.			
OR OF THE PROPERTY OF THE PROP	Separate personal		45DITIO	NAL NAME (C) (NAME IN LOS	O Marin
25. INDIVIDUAL'S SURNAME ARAGON	FIRST PERSONAL	F 3. 3.	R	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	`jj		POSTAL CODE	COUNTRY
24273 Nookachamp Hills Dr	Mount Ve	rnon		98274	USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR	-				
3a. ORGANIZATION'S NAME	<u></u> - · ·		' ′		
Puget Sound Cooperative Credit Union					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
C. HAILWA ADDOSCO		F-1000		POSTAL CODE	COUNTRY
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue		# A	98004	USA
COLLATERAL: This financing statement covers the following collateral:	Bollovac	The same of the sa			OUN
2 SMA INVERTERS, 12 KW SOLAR: 40 ITEK PAI	NEIS ALON	C WITH VETE	R ÁCKLIII	PER FIYTHRES	
PERTAINING TO ENERGY EFFICIENCY UPGRA					
NOOKACHAMP HILLS DRIVE, MOUNT VERNON					.OAN
DISBURSEMENT FORM(S).	, , , , , , , , , , , , , , , , , , , ,				
				1/L	
LEGAL: LOT 208, PLAT OF NOOKACHAMP HILL					
PLAT THEREOF RECORDED JULY 24, 2008 UN	DER AUDITO	OR'S FILE NO	20080724	0089, IN SKAGIT	_
COUNTY, WASHINGTON.					
APN: P127761					
APN. P121701					
					41 .
					1122
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <u>held in a True</u>	st (see UCC1Ad, item	17 and Instructions)	being administ	ered by a Deceden't Person	al Representative
6a. Check poly if applicable and check only one box:			6b Check only	if applicable and check only	horse hov

Manufactured-Home Transaction A Debtor is a Trasmitting Utility Non-UCC Filing Public-Finance Transaction Agricultural Lien 7. ALTERNATE DESIGNATION (if applicable): Consignee/Consignor Seller/Buyer Bailee/Bailor Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4676763-39173 Loan# SBA Loan#