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07/10/2018 10:37 AM Pages: 1 of 1 Fees: \$99.00 Skapit County Auditor

UCC FINANCING STATEMENT

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

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	—		THE ABOVE SPAC	E IS FOR	FILING OFFICE USE O	NLY
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check here and provide		dify, or abbreviate any part of t	he Debtor's	name); if any part of the Indi	ividual Debtor's
	1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
	Draper	Ryan				·
	MAILING ADDRESS 608 Malland Ct	CITY Anacorte	S		POSTAL CODE 98221	COUNTRY
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name will not fit in line 2b, leave all of item 2 blank, check hereand provide					
	2a. ORGANIZATION'S NAME	e the individual Debte		rinancing s	Statement Addendum (Form	
OR	C. HISTORIA IS GUERNAME			LADDITIO	NAME OF THE ORDER	1
	2b. INDIVIDUAL'S SURNAME Draper	Kimberly	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	_	STATE	POSTAL CODE	COUNTRY
	608 Malland Ct	Anacorte		<u> </u>		USA
3. 8	ECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME		: Provide only one secured	party name	(3a or 3b)	
0.0	Puget Sound Cooperative Credit Union	1				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 00 108th Ave NE Suite #1035	Сіту Bellevue			POSTAL CODE 98004	COUNTRY
C/PI	COLLATERAL: This financing statement covers the following collateral: ARRIER AIR CONDITIONER & AIREFLO GAS ERTAINING TO ENERGY EFFICIENCY UPGRADURT, ANACORTES, WA 98221 AS DOCUME EGAL: LOT 9, MALLAND MEADOWS PLAT, AS JDITORS' FILE NO. 200112260185, IN SKAGI	ADES AT TH INTED ON SI S PER RECO	E PROPERTY LO JBSEQUENT LOA RDED ON DECEN	CATED N DISI	AT: 3608 MALLA BURSEMENT FO	AND
ΑF	PN: P118714					
		ust (see UCC1Ad, iter			tered by a Deceden't Persona	
6a. (Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a 1	frasmitting Utility		if applicable and check <u>only</u> Itural Lien Non-U	one box: CC Filing
	TERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	∏ Ba	ilee/Bailor License	e/Licensor
	PTIONAL FILER REFERENCE DATA	#		SBAIO	an #	