

**201807130027**07/13/2018 09:33 AM Pages: 1 of 1 Fees: \$99.00  
Skagit County Auditor**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>Asher Hill 206.298.9394 x8903</b>                                |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Salal Credit Union<br/>PO Box 19340<br/>Seattle, WA 98109</b> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

|                                                  |                                              |                                   |                            |                                                                      |
|--------------------------------------------------|----------------------------------------------|-----------------------------------|----------------------------|----------------------------------------------------------------------|
| 1a. ORGANIZATION'S NAME                          |                                              |                                   |                            |                                                                      |
| OR                                               | 1b. INDIVIDUAL'S LAST NAME<br><b>BURGESS</b> |                                   | FIRST NAME<br><b>BARRY</b> | MIDDLE NAME<br><br>SUFFIX<br><br>                                    |
| 1c. MAILING ADDRESS<br><b>15175 DESCHUTES CT</b> |                                              | CITY<br><b>MOUNT VERNON</b>       | STATE<br><b>WA</b>         | POSTAL CODE<br><b>98273</b>                                          |
| 1d. SEE INSTRUCTIONS                             |                                              | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION   | 1f. JURISDICTION OF ORGANIZATION<br><b>USA</b>                       |
|                                                  |                                              |                                   |                            | 1g. ORGANIZATIONAL ID #, if any<br><br><input type="checkbox"/> NONE |

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

|                                                  |                                              |                                   |                               |                                                                      |
|--------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|----------------------------------------------------------------------|
| 2a. ORGANIZATION'S NAME                          |                                              |                                   |                               |                                                                      |
| OR                                               | 2b. INDIVIDUAL'S LAST NAME<br><b>KNUDSEN</b> |                                   | FIRST NAME<br><b>KIMBERLI</b> | MIDDLE NAME<br><br>SUFFIX<br><br>                                    |
| 2c. MAILING ADDRESS<br><b>15175 DESCHUTES CT</b> |                                              | CITY<br><b>MOUNT VERNON</b>       | STATE<br><b>WA</b>            | POSTAL CODE<br><b>98273</b>                                          |
| 2d. SEE INSTRUCTIONS                             |                                              | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION      | 2f. JURISDICTION OF ORGANIZATION<br><b>USA</b>                       |
|                                                  |                                              |                                   |                               | 2g. ORGANIZATIONAL ID #, if any<br><br><input type="checkbox"/> NONE |

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

|                                                      |                            |                        |                    |                                   |
|------------------------------------------------------|----------------------------|------------------------|--------------------|-----------------------------------|
| 3a. ORGANIZATION'S NAME<br><b>Salal Credit Union</b> |                            |                        |                    |                                   |
| OR                                                   | 3b. INDIVIDUAL'S LAST NAME |                        | FIRST NAME         | MIDDLE NAME<br><br>SUFFIX<br><br> |
| 3c. MAILING ADDRESS<br><b>PO Box 19340</b>           |                            | CITY<br><b>Seattle</b> | STATE<br><b>WA</b> | POSTAL CODE<br><b>98109</b>       |

**4. This FINANCING STATEMENT covers the following collateral:****SOLAR PV- 30 ITEK SOLAR PANELS, MICRO GROUND MOUNT****APN: P130049****LEGAL: (1.0438 Ac) Lot 6 Of Creekside Meadows, Af 201002090002, Being A Portion Of Sec 23 Twp 34 Rge 4.****15175 DESCHUTES CT MOUNT VERNON, WA 98273**

|                                                                                                                                                       |                                                                  |                     |               |              |          |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                           | LESSEE/LESSOR                                                    | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] [or recorded] in the REAL ESTATE RECORDS. Attach Addendum | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) |                     | All Debtors   |              | Debtor 1 | Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                      |                                                                  |                     |               |              |          |                |