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08/09/2018 12:05 PM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT

EO14	OW	INICT	DHO	FIONS

FOLLOW INSTRUCTIONS		
A NAME & PHONE OF CONTACT AT FILER (o) Diana Norberg	ptional) (509) 327-9634	
B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com	n	
C. SEND ACKNOWLEDGMENT TO: (Name and Chronos Mortgage So 12410 E. Mirabeau Pa Spokane Valley, WA S	lutions arkway, Ste 100	
DEBTOR'S NAME: Provide only one Debtor name will not fit in line 1b, leave all of item 1 ORGANIZATION'S NAME		

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
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 provi					
1a. ORGANIZATION'S NAME OR					
15. INDIVIDUAL'S SURNAME GORDER-BRYAN	FIRST PERSONAL NAME JENNIFER		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
16. MAILING ADDRESS 3512 W 2nd St	Anacorte	es	STATE WA	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 here and provide a. ORGANIZATION'S NAME 					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
BRYAN	TRAVIS		W		
20. MAILING ADDRESS 3512 W 2nd St	Anacorte	es	STATE WA	POSTAL CODE 98221	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union): Provide only <u>one</u> secured pa	arty name	(3a or 3b)	
36. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue		STATE WA	POSTAL CODE 98004	USA
4. COLLATERAL: This financing statement covers the following collateral: ENPHASE MICRO INVERTERS, 9 KW SOLAR:					XTURES

PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 3512 W 2ND ST, ANACORTES, WA 98221 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOTS 6, 7 AND THE EAST ½ OF LOT 8, BLOCK 1003, NORTHERN PACIFIC ADDITION TO ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 9 THROUGH 11, ALSO SHOWN AS LOT C OF SURVEY RECORDED JUNE 23, 1994, IN VOLUME 16 OF SURVEYS PAGES 4, 5 AND 6, UNDER AUDITOR' FILE NO. 9406230072, IN SKAGIT COUNTY, WASHINGTON.

APN: P109010

5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, item 1	7 and Instructions)	being administered by a Dec	teden't Personal Representat	ive
6a. Check only if applicable and check only one box:	ome Transaction A Debtor is a Tras		6b, Check <u>only</u> if applicable a	and check only one box:	
7. ALTERNATE DESIGNATION (if applicable): Lesse	ee/Lessor Consignee/Consignor	Seller/Buy	yer Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4856760-40272	Loan #		SBA Loan #		