

**201808090058**08/09/2018 12:08 PM Pages: 1 of 1 Fees: \$99.00
Skagit County Auditor**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 MCDADE | FIRST PERSONAL NAME AMANDA | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 304 Maple Ave | CITY La Conner | STATE WA | POSTAL CODE 98257 |
| | | 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 CASTILLO | FIRST PERSONAL NAME DANIEL | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 304 Maple Ave | CITY La Conner | STATE WA | POSTAL CODE 98257 |
| | | 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:

DAIKIN HEAT PUMP ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 304 MAPLE AVE, LA CONNER, WA 98257 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 9, BLOCK 16, MAP OF SYNDICATE ADDITION TO THE TOWN OF LA CONNER, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 109, IN SKAGIT COUNTY, WASHINGTON.

APN: P74364

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4926766-40814 Loan # SBA Loan # | |

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)