201808130001

08/13/2018 08:44 AM Pages: 1 of 2 Fees: \$100.00 Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

*A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
1503 43075	¬1		
CSC	1		
801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed In: V	Vashington		
	(Skagit)		
	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide only <u>one</u> 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	name; do not omit, modify, or abbreviate any pa the Individual Debtor information in item 10 of t	art of the Debtor's name); if any part on the Financing Statement Addendum (f	of the Individual Debtor's form UCC1Ad)
1a. ORGANIZATION'S NAME EDGE ANALYTICAL, INC.			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
D. HISTORY & SOUTH AND			
1c. MAILING ADDRESS 1620 S WALNUT ST	CITY	STATE POSTAL CODE	COUNTRY
TO. MAILING ADDALGO TOZO S VYALINO I ST	BURLINGTON	WA 98233	USA
- DEDTORIO IIII	, , , , , , , , , , , , , , , , , , ,		e stra de dividual Debanda
 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 	the Individual Debtor information in item 10 of t	he Financing Statement Addendum (I	Form UCC1Ad)
2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS	CITT	SIATE FOSTAL CODE	COOMIN
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide only one Secured Party	name (3a or 3b)	 -
3a. ORGANIZATION'S NAME Heritage Bank			
OR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
3B, INDIVIDUAL S SURVAME	PROTFERSONALIVANIE	ADDITIONAL WAREQUINGTO	2(0)
A. MAILING ADDRESS OOA FAL. A OIA!	ICITY	STATE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS 201 5th Ave SW	Olympia	WA 98501	USA
COLLATERAL: This financing statement covers the following collateral: Purchase Money Security Interest in (308) Itek Ener (2) Solar Edge 43.2k US 208V Transformerless UL	1741 Grid Interactive String In	verters, (154) Solar Ed	Size 92.4 kW, ge P600
Optimizer (1) Iron Ridge racking, and Lifetime Inter-	net Monitoring located at 1620) S. Walnut Street. Burl	ington. WA
Optimizer, (1) Iron Ridge racking, and Lifetime Interes	net Monitoring located at 1620 P116586, in the county of Ski) S. Walnut Street, Burl agit: whether any of the	ington, WA
98233, Parcel: 8025-000-013-0000 Property ID No:	P116586, in the county of Ski	agit; whether any of the	ington, WA foregoing is
98233, Parcel: 8025-000-013-0000 Property ID No: owned now or acquired later; all accessions, additio	P116586, in the county of Skins, replacements, and substit	agit; whether any of the	ington, WA foregoing is
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5. Check only if applicable and check only one box; Collateral is held in a Tru	st (see UCC1Ad, item 17 and Instructions)	being administered by a Dec	edent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable a	and check only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultural Lien	Non-UCC Filling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Bu	yer Bailee/Baitor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		-	1503 43075

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 8. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here				808130001 3/2018 08:44 AM Page 2		
FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here because Individual Debtor name did not fit, check here because Individual Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use do not omit, modity, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(§)INITIAL(§) 10c. MAILING ADDRESS CITY STATE POSTAL CODE 11b. INDIVIDUAL'S SURNAME ITAL ORGANIZATION'S NAME ITAL ORGANIZATION'S NAME ITAL ORGANIZATION'S NAME ITAL ORGANIZATION'S NAME INDIVIDUAL'S ADDITIONAL NAME(§)INITIAL(§) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only gog name (11a or 11b) 11a. ORGANIZATION'S NAME ADDITIONAL NAME(§)INITIAL(§)						
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98. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE 11ADDITIONAL SECURED PARTY'S NAME orASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S)			line 1b was left blank			
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11c. MAILING ADDRESS CITY STATE POSTAL CODE	OR	11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)
	11c	MAILING ADDRESS	CITY		STATE	POSTAL CODE
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	_					
	13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:		
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT:			Covers as-extracted contacted in its filed as a fix			
REAL ESTATE RECORDS (if applicable) Covers timber to be cut covers as-extracted collaterat is filed as	Н	(If Debtor does not have a record interest): ENDERSON, ATWOOD, MILLER PARTNERSHIP	Lot 13, "HOPPER	ROAD BUSI		
15. Name and address of a RECORD OWNER of real estate described in item 16 HENDERSON ATWOOD MILLER PARTNERSHIP Lot 13, "HOPPER ROAD BUSINESS PARK, REVISED	43	30 SHOSHONE DR				
15. Name and address of a RECORD OWNER of real estate described in item 16 Iff Debtor does not have a record interest): HENDERSON, ATWOOD, MILLER PARTNERSHIP 430 SHOSHONE DR 16. Description of real estate: Lot 13, "HOPPER ROAD BUSINESS PARK, REVISED SITE AND SHOSHONE DR	n.a	I VERNON, WA JOZI J	the City of Durling	ton, County of	Skag	it, State of Washi
15. Name and address of a RECORD OWNER of real estate described in item 16 HENDERSON, ATWOOD, MILLER PARTNERSHIP 430 SHOSHONE DR MT VERNON WA 98273 15. Name and address of a RECORD OWNER of real estate described in item 16 HE. Description of real estate: Lot 13, "HOPPER ROAD BUSINESS PARK, REVISED SITE PLAN," recorded January 30, 2003, under Audito 200301300162, records of Skagit County, Washington.	M		line City of Burling			
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