201808200109

USA

SUFFIX

COUNTRY

USA

ADDITIONAL NAME(S)/INITIAL(S)

STATE POSTAL CODE

WA 98004

08/20/2018 10:54 AM Pages: 1 of 1 Fees: \$99.00 Skapit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS			
A NAME & PHONE OF CONTACT AT FILER (optional) Jen Ely (509) 327	7_9634		
B. E-MAIL CONTACT AT FILER (optional)	-5004		
j.ely@chronossolutions.c			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
C. SEND ACKNOWLEDGIVENT TO: (Name and Address)			
Observed Manthematical Calledian			
¹ Chronos Mortgage Solutions	1		
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216			
opolarie valley, vvi 30210	1		
i L	THE ABOV	E SPACE IS FOR FILING OFFICE USE O	NLY
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)
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
Lewis	Stacy	L	
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
22068 McMurray Shore Dr	Mount Vernon	WA 98274-	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:

600 108th Ave NE Suite #1035

Puget Sound Cooperative Credit Union

4.13KW SOLAR- 14 ITEK SOLAR PANELS, 7 APS MICRO INVERTERS ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO THE ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 22068 MCMURRAY SHORE DRIVE, MOUNT VERNON, WA 98274 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S)

Bellevue

FIRST PERSONAL NAME

LOT 10 PLAT OF LAKE MCMURRAY ESTATES AS RECORDED IN VOLUME 16 OF PLATS, PAGES 55-59, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

CITY

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

APN: P108066

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

5. Check only if applicable and check only one box. Co	llateral isheld in a Tr	ust (see UCC1Ad, item 17 an	d Instructions)	being administered by a De	eceden't Personal Representat	tive
6a. Check only if applicable and check only one box:	tured-Home Transaction	A Debtor is a Trasmitti		6b. Check <u>only</u> if applicable		
Public-Finance TransactionManufact 7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Bu	Agricultural Lien ver Bailee/Bailor	Non-UCC Filing Licensee/Licensor	₹
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4998936-41294	Loar	ı #		SBA Loan #		