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08/24/2018 08:4B AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) (509) 327-9634 Diana Norberg B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	\neg I		
¹ Chronos Mortgage Solutions	1		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216			
	THE ABOVE	SPACE IS FOR FILING OFFICE USE O	MI V
DEBTCR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name)			
name will not fit in line 1b, leave all of item 1 blank, check here and provid-	e the Individual Debtor information in item 10	of the Financing Statement Addendum (Form	JCC1Ad)
1a. ORGANIZATION'S NAME			
OR I 1b. INDIVIDUAL'S SURNAME	FIDOT DEDOCUM NAME		T=
! MCDADE	FIRST PERSONAL NAME AMANDA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
304 Maple Ave	La Conner	WA 198257	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full na			
name will not fit in line 2b, leave all of item 2 blank, check here and provide	e the Individual Debtor information in item 10	of the Financing Statement Addendum (Form t	JCC1Ad)
2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	Lauren
CASTILLO	DANIEL	ADDITIONAL NAME(S)INTTIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
304 Maple Ave	La Conner	.WA 98257	USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide only one ser	cured party name (3a or 3b)	<u> </u>
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	Bellevue	STATE POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:	Bellevue	WA 98004	USA
DAIKIN HEAT PUMP ALONG WITH AFTER ACC UPGRADES AT THE PROPERTY LOCATED AT: ON SUBSEQUENT LOAN DISBURSEMENT FOR LEGAL: LOT 9, BLOCK 16, MAP OF SYNDICATE RECORDED IN VOLUME 2 OF PLATS, PAGE 10	: 304 MAPLE AVE, LA CON RM(S). E ADDITION TO THE TOW	NNER, WA 98257 AS DOCU! 'N OF LA CONNER, AS PER	MENTED
APN: P74364			
5. Check only if applicable and check only one box: Collateral is held in a Tru	ust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Persona	l Representative
b. Check only if applicable and check only one box:		6b. Check only if applicable and check only one box:	
Public-Finance Transaction Manufactured-Home Transaction 7 ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Trasmitting Utility Consignee/Consignor Seller/Bu		CC Filing
8. OPTIONAL FILER REFERENCE DATA			. // 1
Chronos Tracking #4926766-40814 Loan	-	SBA Loan #	e/Licensor

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