201809110001

09/11/2018 08:45 AM Pages: 1 of 1 Fees: \$99.00

UCC FINANCING STATEMENT

FOLI	OW INSTRUCTIONS	3

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) **Chronos Mortgage Solutions** 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216

	THE ABOVE	SPACE IS FOR FILING OFFICE USE O	NLI
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full in name will not fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and provide the fit in line 1b, leave all of item 1 blank, check here and			
1a ORGANIZATION'S NAME			
OR 16 INDIVIDUAL'S SURNAME MYERS	FIRST PERSONAL NAME DAVID	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10 MAILING ADDRESS 10814 MARY LANE	BURLINGTON	STATE POSTAL CODE WA 98233-	COUNTRY
2. 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 control of the control			
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
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME	DR SECURED PARTY): Provide only one se	cured party name (3a or 3b)	
Puget Sound Cooperative Credit Union	n		
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 WA 98004	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: LENNOX AIR CONDITIONER, LENNOX GAS FU	JRNACE, ALONG WITH AF	TER ACQUIRED FIXTURES	3

PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 10814 MARY LANE, BURLINGTON, WA 98233 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 8, LASHLEY'S PLAT, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 100, IN SKAGIT COUNTY, WASHINGTON.

APN: P67153

5. Check only if applicable and check only one box: Co	ollateral is held in a Tr	rust (see UCC1Ad, item 17 and	Instructions)	being administered by a Dece	den't Personal Representative
6a. Check only if applicable and check only one box:	6	6b. Check only if applicable and check only one box:			
Public-Finance TransactionManufa	ctured-Home Transaction	A Debtor is a Trasmittin	ng Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5055850-41561	Loar	 !#		SBA Loan #	