

**201811050147**11/05/2018 02:25 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
FLUETSCH	SHEILA	M		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7018 SAMISH HEIGHTS PL	BOW	WA	98232	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
DAVIS	CYNITHIA	A		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7018 SAMISH HEIGHTS PL	BOW	WA	98232	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	CITY	STATE	POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA	98004	USA

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

CARRIER HEAT PUMP, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 7018 SAMISH HEIGHTS PLACE, BOW, WA 98232 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 3 OF SKAGIT COUNTY SHORT PLAT NO. PL-06-0028, RECORDED SEPTEMBER 29, 2006, UNDER AUDITOR'S FILE NO. 200609290077, AND BEING APPORTION OF THE NE ¼ OF THE NW ¼ OF THE NW ¼ OF SECTION 12, T35N, R3E, W.M.; TOGETHER WITH EASEMENT FOR INGRESS, EGRESS AND UTILITIES AS DELINEATED ON THE FACE OF SAID PLAT; ALSO TOGETHER WITH EASEMENT FOR A WELL AND EATER LINE FROM EXISTING WELL AND A STORM DRAINAGE EASEMENT OVER, UNDER AND ACROSS LOT 2 AS DELINEATED ON THE FACE OF SAID PLAT, IN SKAGIT COUNTY, WASHINGTON.

APN: P125112

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 #5066829-41708 Loan # SBA Loan #	

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