## BIII BYYCL FACOLOGYCCONALACLA LAG YALICHAY BLOGAY F, MUSCUARAY OL 201811060003 11/06/2018 09:41 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS		
A. NAME & PHONE OF CONTACT AT FILER (optional)		1
Diana Norberg (509) 327-96	34	
B. E-MAIL CONTACT AT FILER (optional)		
dianan@upfservices.com		Ì
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		]
	-	
Chronos Mortgage Solutions		
12410 E. Mirabeau Parkway, Ste 100		
Spokane Valley, WA 99216		
		THE ABOVE SPA
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full)	Il name: do not omit. m	
name will not fit in line 1b, leave all of item 1 blank, check here and pro-		
1a. ORGANIZATION'S NAME	-	
OR		
1b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME

ACE IS FOR FILING OFFICE USE ONLY

1. [	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	me; do not omit, modify, or abbreviate any part of the the Individual Debtor information in item 10 of the I	ne Debtor's Financing	name); if any part of the Indi Statement Addendum (Form l	vidual Debtor's JCC1Ad)				
OR	1a. ORGANIZATION'S NAME								
	15. INDIVIDUAL'S SURNAME MEHLHAFF	FIRST PERSONAL NAME ALBERT	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX				
	MAILING ADDRESS B092 Dunbar Rd	Mount Vernon	STATE WA	POSTAL CODE 98273-	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 2a. ORGANIZATION'S NAME	ne; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the I	e Debtor's inancing	name); if any part of the Indiv Statement Addendum (Form L	vidual Debtor's ICC1Ad)				
OR									
OIN	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
2c. l	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
3. S	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								
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
60	MAILING ADDRESS 00 108th Ave NE Suite #1035	Bellevue	STATE WA	POSTAL CODE 98004	COUNTRY				
10	OLLATERAL. This financing statement source the fellowing sollateral.								

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

DAIKIN GAS FURNACE, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 18092 DUNBAR RD, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: THAT PORTION OF LOTS 34 AND 35 OF MEMORIAL HIGHWAY TRACTS, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGE 35; BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 34; THENCE SOUTH ALONG THE WEST LINE THEREOF 140 FT.; THENCE EAST PARALLEL WITH THE SOUTH LINE OF SAID LOTS 34 AND 35, A DISTANCE OF 120 FT., MORE OR LESS, TO THE EAST LINE OF LOT 35; THENCE NORTH ALONG SAID EAST LINE TO THE NORTHEAST CORNER OF LOT 35; THENCE NORTHWEST ALONG THE NORTHWESTERLY LINE LOTS 34 AND 35 TO THE POINT OF BEGINNING, IN SKAGIT COUNTY, WASHINGTON.

APN: P67468

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Deceden't Personal Representative								
6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction	n A Debtor is a Trasmitting Utility	6b. Check only if applicable and check only one box:  Agricultural Lien Non-UCC Filing						
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Bu							
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5190736-42389 Loa	an#	SBA Loan#	<b>)</b>					