

**20181190015**11/19/2018 08:49 AM Pages: 1 of 2 Fees: \$100.00
Skagit County Auditor**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1548 15667 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit)	

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 Wood		FIRST PERSONAL NAME Randolph	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX
1c. MAILING ADDRESS 722 N 6th St		CITY Mount Vernon	STATE WA	POSTAL CODE 98273	COUNTRY 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 Wood		FIRST PERSONAL NAME Suzanne	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX
2c. MAILING ADDRESS 722 N 6th St		CITY Mount Vernon	STATE WA	POSTAL CODE 98273	COUNTRY USA

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

3a. ORGANIZATION'S NAME 1st Security Bank of Washington					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000		CITY Lynnwood	STATE WA	POSTAL CODE 98046	COUNTRY USA

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

8 WINDOWS & 1 DOOR

APN: P54022

LOT 1, BLOCK 5, "PAPE'S ADDITION TO THE CITY OF MT. VERNON", ACCORDING TO PLAT RECORDED IN VOLUME 3 OF PLTAS, PAGE 59, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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. ALTERNATIVE 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: Wood 5151335000	

1548 15667

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here <input type="checkbox"/>				
9a. ORGANIZATION'S NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
OR				
9b. INDIVIDUAL'S SURNAME <div style="border: 1px solid black; padding: 2px;">Wood</div>				
FIRST PERSONAL NAME <div style="border: 1px solid black; padding: 2px;">Randolph</div>				
ADDITIONAL NAME(S)/INITIAL(S) <div style="border: 1px solid black; padding: 2px;">A</div>				SUFFIX <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c				
10a. ORGANIZATION'S NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
OR				
10b. INDIVIDUAL'S SURNAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
INDIVIDUAL'S FIRST PERSONAL NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				SUFFIX <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
10c. MAILING ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CITY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	POSTAL CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)				
11a. ORGANIZATION'S NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
OR				
11b. INDIVIDUAL'S SURNAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		FIRST PERSONAL NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	ADDITIONAL NAME(S)/INITIAL(S) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	SUFFIX <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
11c. MAILING ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CITY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	POSTAL CODE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)				
14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing				
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
16. Description of real estate: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
17. MISCELLANEOUS: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				