



201812140092

12/14/2018 01:37 PM 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)

1559 53926  
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 SEMANKO

FIRST PERSONAL NAME IAN

ADDITIONAL NAME(S)/INITIAL(S) C

SUFFIX

1c. MAILING ADDRESS 204 E SPRUCE 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

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 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:

ROOF

APN: P54006

LOT 8, BLOCK 3, PAPE'S TO MT VERNON, RECORDED IN VOLUME 3 OF PLATS, PAGE 59, RECORDS OF SKAGIT COUNTY, WASHINGTON

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 Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: SEMANKO 5151343990

1559 53926

**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  |        |
| OR   |        |
| 9b. INDIVIDUAL'S SURNAME   |        |
| SEMANKO  |        |
| FIRST PERSONAL NAME  |        |
| IAN  |        |
| ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX |
| C  |        |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one 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                   |      |       |             |         |
| OR   |      |       |             |         |
| 10b. INDIVIDUAL'S SURNAME                  |      |       |             |         |
| INDIVIDUAL'S FIRST PERSONAL NAME           |      |       |             |         |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |      |       |             | SUFFIX  |
| 10c. MAILING ADDRESS                       | CITY | STATE | POSTAL CODE | COUNTRY |

|   |                     |                               |             |         |
|---|---------------------|-------------------------------|-------------|---------|
| 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  |                     |                               |             |         |
| OR  |                     |                               |             |         |
| 11b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 11c. MAILING ADDRESS  | CITY                | STATE                         | POSTAL CODE | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

|   |  |
|---|--|
| 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:<br><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):                               | 16. Description of real estate:  |

17. MISCELLANEOUS: