201812310027

12/31/2018 08:54 AM Pages: 1 of 1 Fees: \$99.00

		Skagit	County Auditor			
	FINANCING STATEMENT					
	DW INSTRUCTIONS ME & PHONE OF CONTACT AT FILER (optional)		1			
Dia	ana Norberg (509) 327-9	634				
	nan@upfservices.com					
	ND ACKNOWLEDGMENT TO: (Name and Address)					
1 –	_	_				
110	Chronos Mortgage Solutions					
	12410 E. Mirabeau Parkway, Ste 10	00				
	Spokane Valley, WA 99216					
11	spokane valley, vvi 00210	1				
	THE ABOVE SPACE IS FOR FILING OFFICE USE ON					
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 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)						
1	a. ORGANIZATION'S NAME					
OR 1	b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	KALANI		BEVERLY			
	AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
38	17 M Ave	Anacort	es	WA	98221	USA
	TOR'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 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)					
2	2a. ORGANIZATION'S NAME					
OR 2	b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	KALANI	DONAL		7.00,710	TO LE TO THE CONTROL OF	GOLLIX
	NLING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
_381	17 M Ave	Anacort	es	WA	98221	USA
	IRED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)					
	rganization's name iget Sound Cooperative Credit Union					
	b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
١,	B. INDIVIDUAL O SOTTANIL	TING! I ENGO	VAL IVAIVIL	ABBITIO	TALL TANKE (O) THE TIME (O)	SOLLIX
	ILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
600	0 108th Ave NE Suite #1035	Bellevu	9	WA	98004	USA
4. CC	PLLATERAL: This financing statement covers the following collater	ral:				
DAIKIN DUCTLESS HEAT PUMP, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING						
	EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 3817 M AVE, ANACORTES, WA 98221 AS					
DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).						
LEGAL: LOT 58, BROADVIEW ADDITION TO THE CITY OF ANACORTES, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 22, IN SKAGIT COUNTY, WASHINGTON.) INI
						אוו ע
APN: P56973						
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: 6b. Check only if applicable and check only one box:						
	Public-Finance Transaction Manufactured-Home Transa	action A Debtor is	a Trasmitting Utility			JCC Filing
7. ALT	ERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consi	gnor Seller/Buy	er Ba	ilee/Bailor Licens	ee/Licensor
8. OPT	onos Tracking #5336064-43154	Loan#		SBA Lo	on #	
				>BA 10	1411 II	