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04/03/2019 10:21 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional)			
Diana Norberg (509) 327-	-9634		
dianan@upfservices.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_		
Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216	r		
	THE ABOV	E SPACE IS FOR FILING OFFICE USE O	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use expensions) and the large of the state of th			
name will not fit in line 1b, leave all of item 1 blank, check herea 1a ORGANIZATION'S NAME	nd provide the individual Deptor Information in Item	10 of the Financing Statement Addendum (Form	(UCC1Ad)
OR	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Miller 1c. MAILING ADDRESS	Jacqueline	J STATE POSTAL CODE	COUNTRY
18635 W Lakeview Ln	Mount Vernon	WA 98274-	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex			
name will not fit in line 2b, leave all of item 2 blank, check here	nd provide the Individual Debtor information in item	10 of the Financing Statement Addendum (Form	UCC1Ad)
OR . O. HUDWIGHT CONTRACTOR	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME			
	CITY	STATE POSTAL CODE	COUNTRY
20. MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of A			
2c. MAILING ADDRESS 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY): Provide only one		
2c. MAILING ADDRESS 3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide only one		
20. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit L OR 3b. INDIVIDUAL'S SURNAME	SSIGNOR SECURED PARTY): Provide only one Jnion FIRST PERSONAL NAME	secured party name (3a or 3b) ADDITIONAL NAME(SYINITIAL(S)	USA
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit L OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS	SSIGNOR SECURED PARTY): Provide only one Jnion FIRST PERSONAL NAME	secured party name (3a or 3b)	SUFFIX
20. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit LOOR 3b. INDIVIDUAL'S SURNAME 30. MAILING ADDRESS 600 108th Ave NE Suite #1035	SSIGNOR SECURED PARTY): Provide only one Jnion FIRST PERSONAL NAME CITY Bellevue	secured party name (3a or 3b) ADDITIONAL NAME(S)INITIAL(S) STATE POSTAL CODE	USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit L OR: 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 600 108th Ave NE Suite #1035 4. COLLATERAL: This financing statement covers the following collac CARRIER FURNACE (59TP6A060E17-14).	SSIGNOR SECURED PARTY): Provide only one Jnion FIRST PERSONAL NAME CITY Bellevue ALONG WITH AFTER ACQUIR	ADDITIONAL NAME(S)INITIAL(S) STATE POSTAL CODE WA 98004 RED FIXTURES PERTAINING	SUFFIX COUNTRY USA
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit LOR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 600 108th Ave NE Suite #1035 4. COLLATERAL: This financing statement covers the following collaboration.	SSIGNOR SECURED PARTY): Provide only one Jnion FIRST PERSONAL NAME CITY Bellevue Meral: ALONG WITH AFTER ACQUIF E PROPERTY LOCATED AT:	ADDITIONAL NAME(S)INITIAL(S) STATE POSTAL CODE WA 98004 RED FIXTURES PERTAINING	SUFFIX COUNTRY USA

EXISTING GRAVEL DRIVEWAY AS DELINEATED ON THE FACE OF SKAGIT COUNTY SHORT PLAT NO. 96-87, APPROVED JULY 7, 1998 AND RECORDED JULY 7, 1998, IN VOLUME 13, PAGES 144-145 OF SHORT PLATS, UNDER AUDITOR'S FILE NO. 9807070067, BEING A PORTION OF THE NW ¼ OF THE SE ¼ OF SECTION 1, T33N, R4E, W.M., IN SKAGIT COUNTY, WASHINGTON. APN: P102814

5. Check only if applicable and check only one box: C	ollateral isheld in a Trust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a Dece	eden't Personal Representativ
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufa	ctured-Home TransactionA Debtor is a Trasmit	1	6b. Check <u>only</u> if applicable ar	nd check <u>only</u> one box: Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor Consignee/Consignor	Seller/Buy	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5540157-44131	Loan #		SBA Loan#	