

UCC FINANCING STATEMENT**FOLLOW INSTRUCTIONS**

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| A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634 | |
| B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 </div> | |

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)

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|--|---|------------------------------------|---|
| 1a. ORGANIZATION'S NAME | | | |
| OR | 1b. INDIVIDUAL'S SURNAME BRITTAIN | FIRST PERSONAL NAME ERIC | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 1c. MAILING ADDRESS 15264 Barrett Rd | | CITY Mount Vernon | STATE POSTAL CODE COUNTRY WA 98273 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 NEWCOMBE | FIRST PERSONAL NAME CANDI | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 2c. MAILING ADDRESS 15264 Barrett Rd | | CITY Mount Vernon | STATE POSTAL CODE COUNTRY WA 98273 USA |

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 | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 3c. MAILING ADDRESS 600 108th Ave NE Suite #1035 | | CITY Bellevue | STATE POSTAL CODE COUNTRY WA 98004 USA |

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

AMERICAN STANDARD FURNACE, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 15264 BARRETT RD, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: THE NORTH 100 FT. OF THE NE ¼ OF THE SE ¼ OF THE NW ¼ OF SECTION 23, T34N, R3E, W.M.; EXCEPT THE SKAGIT COUNTY ROAD RIGHT-OF WAY COMMONLY KNOWN AS BARRETT ROAD, IN SKAGIT COUNTY, WASHINGTON.

APN: P22412

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|---|--|--|--|
| 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. ALTERNATE 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 Chronos Tracking #5544914-44278 <div style="float: right;">Loan # SBA Loan #</div> | | | |

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)