201904180026

04/18/2019 10:15 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

7			÷.		
		-			_
_				 	
	1 1 1				

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	
a name 8 phone of contact at files Diana Norberg	(509) 327-9634
B. E-MAIL CONTACT AT FILER (optional)	
dianan@upfservices.c	om
C. SEND ACKNOWLEDGMENT TO: (Name	
Chronos Mortgage S 12410 E. Mirabeau I Spokane Valley, WA	Parkway, Ste 100

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex- name will not fit in line 1b, leave all of item 1 blank, check herear			
1a. ORGANIZATION'S NAME			
OR 16. INDIVIDUAL'S SURNAME DUFFY	FIRST PERSONAL NAME JAMES	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
4742 Mount Baker Loop	Mount Vernon	WA 98273	∹ USA
name will not fit in line 2b, leave all of item 2 blank, check here and 2a ORGANIZATION'S NAME	d provide the Individual Deblor information in item	10 of the Financing Statement Addendum (Form	UCC1Ad)
DUFFY	FIRST PERSONAL NAME SERENA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
4742 Mount Baker Loop	Mount Vernon	WA 98273	USA
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS 3a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY): Provide only one	secured party name (3a or 3b)	
Puget Sound Cooperative Credit U	Inion		
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
sc. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA
COLLATERAL: This financino statement covers the following collat	eral:		

CARRIER GAS FURNACE, AIR CONDITIONER, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 4742 MOUNT BAKER LOOP, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 39, SKAGIT HIGHLANDS, DIVISION II, AS PER PLAT RECORDED ON APRIL 4, 2006, UNDER AUDITOR'S FILE NO. 200604040052, IN SKAGIT COUNTY, WASHINGTON.

APN: P124259

5. Check only if applicable and check only one box: Colla	teral isheld in a Trust (see UCC1Ad, item 17 and	Instructions)	being administered by a Dece	eden't Personal Representative
6a. Check only if applicable and check only one box:			6b. Check only if applicable ar	nd check <u>only</u> one box:
Public-Finance Transaction Manufactu	red-Home Transaction A Debtor is a Trasmittir	ng Utility	Agricultural Lien	Non-UCC Filling
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor Consignee/Consignor	Seller/Buy	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5552296-44336	Loan #		SBA Loan #	
3				