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05/03/2019 09:50 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

TOLLOW INCITION TOTAL	
A NAME & PHONE OF CONTACT AT F	LER (optional) (509) 327-9634
B. E-MAIL CONTACT AT FILER (optional dianan@upfservices c. SEND ACKNOWLEDGMENT TO: (Na	.com
Chronos Mortgage	Solutions u Parkway, Ste 100

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact friname will not fit in line 1b, leave all of item 1 blank, check here and price.	· · · · · · · · · · · · · · · · · · ·		
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME WELLS	FIRST PERSONAL NAME CONSTANCE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1159 Chestnut Loop	Mount Vernon	WA 98274	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact from will not fit in line 2b, leave all of item 2 blank, check here and provided and the second of the sec			
OR 26 INDIVIDUAL'S SURNAME WELLS	FIRST PERSONAL NAME RUSSELL	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1159 Chestnut Loop	Mount Vernon	WA 98274	USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNAME 34. ORGANIZATION'S NAME Puget Sound Cooperative Credit Uni OR 36. INDIVIDUAL'S SURNAME		secured parly name (3a or 3b) ADDITIONAL NAME(SYINITIAL(S)	CUECIN
: 30. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INTRAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA

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

CARRIER AC UNIT, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 1159 CHESTNUT LOOP, MOUNT VERNON, WA 98274 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 78, PLAT OF MONTREAUX, PHASE 1, AS PER PLAT RECORDED ON JULY 23, 2007, UNDER AUDITOR'S FILE NO. 200707230124, IN SKAGIT COUNTY, WASHINGTON.

APN: 4935-000-078-0000

5. Check only if applicable and check only one box: Co	llateral isheld in a T	rust (see UCC1Ad, ilem 17 and	Instructions)	being administered by a Dece	eden'i Personal Representative
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufacture.	tured-Home Transaction	A Deblor is a Trasmittir		6b. Check <u>only</u> if applicable ar	
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	Agricultural Lien Bailee/Bailor	Non-UCC Filing Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5576741-44630	Loar	n #		SBA Loan #	