201905150005

05/15/2019 08:36 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	
B. E-MAIL CONTACT AT FILER (optional)	
dianan@upfservices.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
	—
Chronos Mortgage Solutions	
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
I spending valley, thirds210	1
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name; do	not omit m
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name name will not fit in line 1b, leave all of item 1 blank, check here and provide to 							
1a. ORGANIZATION'S NAME							
OR 1b. INDIVIDUAL'S SURNAME AUSTIN	FIRST PERSONAL NAME RONALD	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX			
1506 39th St	cπy Anacortes	STATE WA	POSTAL CODE 98221	COUNTRY			
DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use exact full name name will not fit in line 2b, leave all of item 2 blank, check here and provide to the control of t							
2a. ORGANIZATION'S NAME							
OR 2b. INDIVIDUAL'S SURNAME AUSTIN	FIRST PERSONAL NAME TERRY	ADDITIO	SUFFIX				
2c. MAILING ADDRESS 1506 39th St	спу Anacortes	STATE	POSTAL CODE 98221	COUNTRY			
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR: 38. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	SECURED PARTY): Provide only one secured	party name	(3a or 3b)				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX			
30. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue	1	POSTAL CODE 98004	USA			

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

CARRIER GAS FURNACE, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 1506 39TH ST, ANACORTES, WA 98221 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: TRACT 18, BROADVIEW ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 7 OF PLATS, PAGE 22, IN SKAGIT COUNTY, WASHINGTON.

APN: P56930

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: Public-Finance Transaction Manufa	6b. Check only if applicable and check only one box:						
7. ALTERNATE DESIGNATION (if applicable):	clured-Home Transaction A Deblor is a Trasmi Lessee/Lessor Consignee/Consignor	Seller/Bu	yer Bailee/Bailor	Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5631806-44775	Loan#		SBA Loan #				

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