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06/11/2019 12:33 PM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

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UCC FINANC	ING STA	TEMENT

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check here and provide				
1a. ORGANIZATION'S NAME				
OR Th. INDIVIDUAL'S SURNAME SALENGA	FIRST PERSONAL NAME RAYMOND	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 3111 Loch Ness Loop	Mount Vernon	STATE POSTAL CODE WA 98273-	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name will not fit in line 2b, leave all of item 2 blank, check here i and provide		· · · · · · · · · · · · · · · · · · ·		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
: 2c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME. (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	SECURED PARTY) Provide only one secured p	arty name (3a or 3b)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
36. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue	WA 98004	COUNTRY	

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

DAIKIN DUCTLESS HEAT PUMP, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 3111 LOCH NESS LOOP, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: LOT 17, HIGHLAND GREENS DIVISION 1, PHASE A, A PLANNED UNIT DEVELOPMENT RECORDED MAY 22, 2014 UNDER AUDITOR'S FILE NO. 201405220062, IN SKAGIT COUNTY, WASHINGTON.

APN: P131909

5. Check only if applicable and check only one box: C	ollaleral isheld in a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a Dece	den't Personal Representati
6a. Check only if applicable and check only one box;		6b. Check only if applicable and check only one box:		
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Trasmitting Utility		Agricultural Lien	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 #5645992-44971	Loan #		SBA Loan #	