

**201906200035**06/20/2019 09:26 AM Pages: 1 of 1 Fees: \$99.00
Skagit County Auditor**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) TRENA HAMMER
B. E-MAIL CONTACT AT FILER (optional) THAMMER@NORTHCOASTCU.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">NORTH COAST CREDIT UNION 1100 DUPONT ST BELLINGHAM, WA 98225</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)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME WYZE	FIRST PERSONAL NAME JASON	ADDITIONAL NAME(S)/INITIAL(S) JAMES	SUFFIX
1c. MAILING ADDRESS 3011 PINE CREEK DR	CITY MOUNT VERNON	STATE WA	POSTAL CODE 98273	COUNTRY 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 JANA	FIRST PERSONAL NAME JO	ADDITIONAL NAME(S)/INITIAL(S) WYZE	SUFFIX
2c. MAILING ADDRESS 3011 PINE CREEK DR	CITY MOUNT VERNON	STATE WA	POSTAL CODE 98273	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME NORTH COAST CREDIT UNION				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1100 DUPONT ST	CITY BELLINGHAM	STATE WA	POSTAL CODE 98225	COUNTRY USA

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

LIMELIGHT SPA FLAIR SERIAL #FLR19D2191461**LOT 10, PLAT OF PINE CREEK DIVISION I, AS PER PLAT RECORDED DECEMBER 20, 2011, UNDER AUDITOR'S FILE NO. 20111220087, RECORDS OF SKAGIT COUNTY, WASHINGTON.****Parcel ID: P131018****3011 PINE CREEK DR, MOUNT VERNON, WA 98273**

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 checked="" 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. ALTERNATIVE 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/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	