

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	

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 Lajarin Caseres	FIRST PERSONAL NAME Jaime	ADDITIONAL NAME(S)/INITIAL(S) Alberto	SUFFIX
1c. MAILING ADDRESS 15957 Kamb Rd	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
		COUNTRY USA	

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

3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	CITY Bellevue	STATE WA	POSTAL CODE 98004
		COUNTRY USA	

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

16.12 KW SOLAR: 52 SILFAB PANELS AND 26 AP SYSTEMS MICRO INVERTERS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 15957 KAMB RD, MOUNT VERNON, WA 98273 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: THAT PORTION OF THE SE ¼ OF THE SE ¼ OF SECTION 23, T34N, R3E, OF THE W.M., BEGINNING AT A POINT ON THE EAST LINE OF THE KAMB ROAD, ALONG THE WEST LINE OF SAID SUBDIVISION 176.5 FT. NORTH OF THE SOUTH LINE OF SAID SUBDIVISION; THENCE NORTH 165 FT.; THENCE EAST 264 FT.; THENCE SOUTH 165 FT.; THENCE WEST 264 FT TO THE POINT OF BEGINNING; EXCEPT ROAD AND DITCH RIGHTS OF WAY, IN SKAGIT COUNTY, WASHINGTON.

APN: P22355

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 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. ALTERNATE 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 Chronos Tracking #5717194-45382	Loan #	SBA Loan #
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