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07/15/2019 08:36 AM Pages: 1 of 1 Fees: \$101.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-8	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 10	nn		
Spokane Valley, WA 99216			
	THE ABOVI	E SPACE IS FOR FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use examame will not fit in line 1b, leave all of item 1 blank, check here in and 1a. ORGANIZATION'S NAME			
or 1b. INDIVIDUAL'S SURNAME Bedwell	FIRST PERSONAL NAME Michael	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4707 Mount Baker Loop	Mount Vernon	STATE POSTAL CODE WA 98273-	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example of the control of the con	et full name; do not omit, modify, or abbreviate any	part of the Debtor's name), if any part of the Indi	vidual Deblor's
name will not fit in line 2b, leave all of item 2 blank, check herei and 2a. ORGANIZATION'S NAME	provide the individual Debtor Information in Item 1	U of the Financing Statement Addendum (Form I	JCC1Ad)
OR 25 INDIVIDUAL'S SURNAME	FIRST REPOONAL NAME	ADDITIONAL MANAGONANTIA (O)	
20. INDIVIDUAL 5 SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of AS	SIGNOR SECURED PARTY): Provide only one s	ecured party name (3a or 3b)	
33. ORGANIZATION'S NAME Puget Sound Cooperative Credit U	nion		
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(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 collater CARRIER 16 SEER AIR CONDITIONER (24, PERTAINING TO THE ENERGY EFFICIENC BAKER LOOP, MOUNT VERNON, WA 9827: FORM(S).	ACC630A003), ALONG WITH Y UPGRADES AT THE PROP	ERTY LOCATED AT: 4707 M	IOUNT
LEGAL: LOT 70, SKAGIT HIGHLANDS, DIVI APRIL 4, 2006, UNDER AUDITOR'S FILE NO	SION II, ACCORDING TO THE D. 200604040052, IN SKAGIT (PLAT THEREOF RECORDI	ED ON
APN: P124290	·		
:= -= -			
	in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Persona	
Sa. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transa	ction A Debtor is a Trasmitting Utility	6b. Check only if applicable and check only of Agricultural Lien Non-Ut	one box: CC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/		e/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5766238-45590 I	_oan#	SBA Loan #	