## 201907220020

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Skagit County Auditor, WA

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  |   |   |                                   |
|--|---|---|-----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)  Diana Norberg (509) 327-963  B. E-MAIL CONTACT AT FILER (optional)  dianan@upfservices.com   | 4                                       |   |                                   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100   | $\neg$                                  |   |                                   |
| Spokane Valley, WA 99216   | THE ABOVE SI                            | PACE IS FOR FILING OFFICE USE   | ONI Y                             |
| 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<br>15. INDIVIDUAL'S SURNAME<br>EMERY  | FIRST PERSONAL NAME                     | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                            |
| 1c. MAILING ADDRESS<br>17879 Valley Ridge Ln   | Mount Vernon                            | STATE POSTAL CODE WA 98274-   | COUNTRY                           |
| 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 and provided and |   |   |                                   |
| OR 2b. INDIVIDUAL'S 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 ASSIGNO 3a. ORGANIZATION'S NAME   | R SECURED PARTY); Provide only one secu | red party name (3a or 3b)   |                                   |
| Puget Sound Cooperative Credit Union   |   |   |                                   |
| 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                     | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                            |
| 3c. MAILING ADDRESS<br>600 108th Ave NE Suite #1035  | спу<br>Bellevue                         | STATE POSTAL CODE WA 98004  | COUNTRY                           |
| 4. COLLATERAL: This financing statement covers the following collateral: 17.3KW SOLAR: 56 SILFAB PANELS & 2 SMA INVERTERS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 17879 VALLEY RIDGE LN, MOUNT VERNON, WA 98274 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).  |   |   |                                   |
| LEGAL: LOT 3, SHORT PLAT NO. 91-68, APPRIN BOOK 10 OF SHORT PLATS, PAGE 37, UND OF THE SW ¼ OF THE SW ¼ OF SECTION 33,   | ER AUDITOR'S FILE NO. 91                | 12270001 AND BEING P  | ORTION                            |
| APN: P101351   |   |   | ·                                 |
|  |   |   |                                   |
| 5. Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Deceden't Personal Representative   |   |   |                                   |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:   | A Debtor is a Trasmitting Utility       | 6b. Check <u>only</u> if applicable and check <u>on</u><br>Agricultural Lien Non- | l <u>y</u> one box:<br>UCC Filing |
| 7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor  | Consignee/Consignor Seller/Buy          |   | see/Licensor                      |
| 8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5777173-45753 Loar  | ı #                                     | SBA Loan #  |                                   |

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)