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11/27/2019 11:53 AM Pages: 1 of 2 Fees: \$104.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1735 88868 CSC 801 Adlai Stevenson Drive Springfield, IL 62703

	(Skagit)			
		ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide and pr	ll name; do not omit, modify, or abbrev e the Individual Debtor information in i			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Ritter	FIRST PERSONAL NAME Carol	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 11010 Gundersen LN	сіту Burlington	STATE WA	POSTAL CODE 98233	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ful name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	I name; do not omit, modify, or abbrev e the Individual Debtor information in i			
OR 2b. INDIVIDUAL'S SURNAME Ritter	FIRST PERSONAL NAME Carrol	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS 11010 Gundersen LN	сіту Burlington	STATE WA	POSTAL CODE 98233	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME 1st Security Bank of Washington		cured Party name (3a or 3b)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000	Lynnwood	STATE WA	POSTAL CODE 98046	COUNTRY

Filed In: Washington

COLLATERAL: This financing statement covers the following collateral: Windows

APN: P62288

That portion of Tract 5, PLAT OF THE BURLINGTON ACREAGE PROPERTY, according to the plat thereof, recorded in Volume 1 of Plats, page 49, records of Skagit County, Washington, described as follows:

Beginning at the Quarter corner between Sections 28 and 33, Township 35 North, Range 4 East of the Willamette Meridian, Thence South 86Deg52'30" East along the North line of said Section 33, Township 35 North, Range 4 East of the Willamette Meridian, 163.0 feet to the true point of beginning; Thence South parallel with the West line of said Tract 5, Plat of the Burlington Acreage Property, 149.5 feet; Thence North 89Deg29' East 112.8 feet to the West line of that certain road conveyed to Skagit County by instrument dated October 19, 1955, and recorded October 7, 1955, under

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
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 Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :5151539320 RITTER	1735 88868

because Individual Debtor name did not fit, check here	inancing Statement; if I	line 1b was left blank				
9a. ORGANIZATION'S NAME			1			
9b. INDIVIDUAL'S SURNAME Ritter						
FIRST PERSONAL NAME			ł			
Carol						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE S	DACE	S FOR EILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one addit do not omit, modify, or abbreviate any part of the Debtor's n					S FOR FILING OFFICE tatement (Form UCC1) (use	
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS		CITY	5	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME o	or ASSIGNO	I OR SECURED PARTY	'S NAME: Provide onl	y <u>one</u> na	Ime (11a or 11b)	
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MAILING ADDRESS						
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FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)