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03/05/2020 08:32 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS			
N. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-963-	4		
. E-MAIL CONTACT AT FILER (optional)	'		
Diana.Norberg@covius.c			
Company (Company (Com	⊸ I		
Chronos Mortgage Solutions	1		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216	ı I		
	THE AB	IOVE SPACE IS FOR FILING OFFICE USE OF	(LY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full in name will not fit in line 1b, leave all of Item 1 blank, check here			
1e. ORGANIZATION'S NAME			,
R			
16. INDIVIDUAL'S SURNAME COOPER	FIRST PERSONAL NAME Mary	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
220 20th St DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full in	Anacortes	WA 98221	USA
name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	19 THE INDIVIDUAL DEDICT INCOMMENCE IN I	tem 10 of the Financing Statement Addendum (Form (ICC1Ad)
R 2b. INDIVIDUAL'S SURNAME MCGarry	FIRST PERSONAL NAME GORDON	ADD/TIONAL NAME(S;/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1220 20th St	Anacortes	WA 98221	USA
SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME	R SECURED PARTY) Provide only	one secured party name (3a or 3b)	
Puget Sound Cooperative Credit Union	1		
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA
. COLLATERAL: This financing statement covers the following collateral 6.0KW SOLAR: 20 HYUNDAI PANELS, 1 SOLAF FIXTURES PERTAINING TO ENERGY EFFICIE 20TH ST., ANACORTES, WA 98221 AS DOCUMLEGAL: LOTS 11 AND 12, BLOCK 87, MAP OF	NCY UPGRADES AT T MENTED ON SUBSEQU	HE PROPERTY LOCATED AT: JENT LOAN DISBURSEMENT F	1220 ORM(S).
THEREOF, RECORDED IN VOLUME 2 OF PLA WASHINGTON.			
APN: P55505			
Check only if applicable and check only one box: Collateral is held in a Ti	rust (see UCC1Ad, item 17 and Instruct	tions) being administered by a Deceden't Persona	l Representati
a Check <u>only</u> if applicable and check <u>only</u> one box:	_	6b. Check only if app cable and check only	one box
Public-Finance Transaction Manufactured-Home Transaction ALTERNATE DES GNATION (if applicable) Lessee/Lessor	A Debtor is a Trasm-tting Utility Consignee/Consignor		C Filing
OPTIONAL FILER REFERENCE DATA			
Chronos Tracking #6292211-48879 Loar	1#	SBA Loan #	

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