

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |                                  |
|---|----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294    |                                  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com        |                                  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)                           |                                  |
| 1814 09927<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Washington<br>(Skagit) |

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<br>Seese | FIRST PERSONAL NAME<br>Larry | ADDITIONAL NAME(S)/INITIAL(S)<br>A |
| 1c. MAILING ADDRESS 17695 Colony Rd |                                   | CITY<br>Bow                  | STATE<br>WA                        |
|                                     |                                   | POSTAL CODE<br>98232         | COUNTRY<br>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<br>Seese | FIRST PERSONAL NAME<br>Delna | ADDITIONAL NAME(S)/INITIAL(S)<br>D |
| 2c. MAILING ADDRESS 17695 Colony Rd |                                   | CITY<br>Bow                  | STATE<br>WA                        |
|                                     |                                   | POSTAL CODE<br>98232         | COUNTRY<br>USA                     |

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

|   |                          |                      |                               |
|---|--------------------------|----------------------|-------------------------------|
| 3a. ORGANIZATION'S NAME<br>Community 1st Credit Union |                          |                      |                               |
| OR  | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S) |
| 3c. MAILING ADDRESS PO Box 870                        |                          | CITY<br>DuPont       | STATE<br>WA                   |
|   |                          | POSTAL CODE<br>98327 | COUNTRY<br>USA                |

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

Perfection Purchase Money Security Interest In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 17695 Colony Rd Bow, WA 98232 Parcel: P109075 Alt Parcel: 36032510050400 Situs Address: 17695 Colony Rd, Bow, WA 98232 Abbreviated Legal Description:(5.0000 Ac) Lot 4 Short Plat 96-056 Recorded Under Af#9606270065 In Volume 12 Of Short Plats Page 117, Being A Portion Of Northeast 1/4 Of Section 25, Township 36 North, Range 3 East

|   |  |
|---|--|
| 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. ALTERNATIVE 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/Licensor |  |
| 8. OPTIONAL FILER REFERENCE DATA:   |  |

1814 09927

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

Seese

FIRST PERSONAL NAME

Larry

ADDITIONAL NAME(S)/INITIAL(S)

A

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

Seese

INDIVIDUAL'S FIRST PERSONAL NAME

Roger

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

C

SUFFIX

10c. MAILING ADDRESS 17695 Colony Rd

CITY  
BowSTATE  
WAPOSTAL CODE  
98232COUNTRY  
USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Larry A Seese  
Delna D Seese  
Roger C Seese  
Laurie Seese  
17695 Colony Rd  
Bow, WA 98232

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

Perfection Purchase Money Security Interest In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 17695 Colony Rd Bow, WA 98232 Parcel: P109075 Alt Parcel: 36032510050400 Situs Address: 17695 Colony Rd, Bow, WA 98232 Abbreviated Legal Description: (5.0000 Ac) Lot 4 Short Plat 96-056 Recorded Under A#9606270065 In Volume 12 Of Short Plats Page 117, Being A Portion Of Northeast 1/4 Of Section 25, Township 36 North, Range 3 East

17. MISCELLANEOUS:

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9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Seese

FIRST PERSONAL NAME

Larry

ADDITIONAL NAME(S)/INITIAL(S)

A

SUFFIX

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

Seese

INDIVIDUAL'S FIRST PERSONAL NAME

Laurie

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS 17695 Colony Rd

CITY  
BowSTATE  
WAPOSTAL CODE  
98232COUNTRY  
USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

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16. Description of real estate:

17. MISCELLANEOUS: