## 202006010053

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Skagit County Auditor, WA

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NAME OF CONTACT AT EILER ( . C I)				
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)				
1839 84417				
CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Fil	ed In: Washington (Skagit)			
	<u> </u>	BOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e				
name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME	provide the Individual Debtor information in iter	n 10 of the Financing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATIONS NAME				
R 1b. INDIVIDUAL'S SURNAME LEWIS	FIRST PERSONAL NAME  BRANDON	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
E. MAILING ADDRESS 42156 PINE ST	CITY	STATE	POSTAL CODE	COUNTRY
	CONCRETE	WA	98237	USA
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use each		WA te any part of the Debtor	98237 's name); if any part of the Ir	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ename will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME	xact, full name; do not omit, modify, or abbrevia	WA te any part of the Debtor	98237 's name); if any part of the Ir	USA ndividual Debto
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ename will not fit in line 2b, leave all of item 2 blank, check here and	xact, full name; do not omit, modify, or abbrevia	te any part of the Debtor n 10 of the Financing St	98237 's name); if any part of the Ir	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use en name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	xact, full name; do not omit, modify, or abbreviai provide the Individual Debtor information in iter	te any part of the Debtor n 10 of the Financing St	98237 's name); if any part of the Ir atement Addendum (Form U	USA adividual Debte CC1Ad)
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use en ame will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	kact, full name; do not omit, modify, or abbrevial provide the Individual Debtor information in iter  FIRST PERSONAL NAME  CITY	te any part of the Debtor in 10 of the Financing Str	98237 's name); if any part of the Ir atement Addendum (Form U	USA ndividual Debto CC1Ad)
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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/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :5151664300 LEWIS	1839 84417

## **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 9b. INDIVIDUAL'S SURNAME **LEWIS** FIRST PERSONAL NAME **BRANDON** ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY STATE POSTAL CODE CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 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) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS:

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)