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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) JOY WIRSCh (509) 327-9634 B E-MAIL CONTACT AT FILER (optional) JOY.WIRSCH@COVIUS.COM C SEND ACKNOWLEDGMENT TO. (Name and Address)		ounty Auditor, WA	
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216	<u>'</u>		
	THE ABOVE \$	PACE IS FOR FILING OFFICE USE OF	NLY
DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact full name will not fit in line 1b. leave all of item 1 blank, check here and provide 1a ORGANIZATION'S NAME			
OR 16 INDIVIDUAL'S SURNAME Lehman	FIRST PERSONAL NAME Bruce	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 29000 Outlook Ln	Sedro Woolley	STATE POSTAL CODE WA 98284-	COUNTRY
DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact full ni name with not fit in line 2b, leave all of item 2 blank, check here and provide 2a ORGANIZATION'S NAME OR			
2c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 30 ORGANIZATION'S NAME Puget Sound Cooperative Credit Union		ured party name (3a or 3b)	
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue	STATE POSTAL CODE WA 98004	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Daikin Heat Pump along withafter acquired fixture located at: 29000 Outlook Ln,. Sedro-Woolley, Wiform(s).			
LEGAL: LOT 2, SHORT PLAT NO, PL 04-0694, A UNDER AUDITOR'S FILE NO, 200503280132, B 13, T35N, R5E, W.M., AND OF THE NE1/4 OF T COUNTY, WASHINGTON.	EING A PORTION OF THE	NW1/4 OF THE NW1/4 OF	SECTION
APN P39066			
5 Check only if applicable and check only one box Collateral isheld in a Tri	ust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Persons	al Representative
8a Check only if applicable and check only one box Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Trasmitting Utility	6b Check only if applicable and check only Agricultural Lien Non-U	one box CC Filing
7 ALTERNATE DESIGNATION (if applicable). Lessee/Lessor 8 OPTIONAL FILER REFERENCE DATA	Consignee/Consignor Setter/Bu	yer Bailee/Bailor License	e/Licensor
Chronos Tracking #6673515-50892 Loan	ı#	SBA Loan #	

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