## 202008140024

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	08/14/2020 08:38 AM Pages: 1 of 1 Fees Skagit County Auditor, WA				1 Fees: \$
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A NAME & PHONE OF CONTACT AT FILER (optional)  Joy Wirsch (509) 327-9634	4				
B E-MAIL CONTACT AT FILER (optional) joy.wirsch@covius.com	1				
C SEND ACKNOWLEDGMENT TO (Name and Address)					
Chunga Martaga Salutiana					
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	<b>'</b> [				
Spokane Valley, WA 99216					
		THE ABOVE SPACE	IS FOR	FILING OFFICE USE O	NLY
1a. ORGANIZATION'S NAME  OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Stewart	Casey	•	AUU11101	and remarks years and so	SUFFIX
10 MAILING ADDRESS 21895 Cedardale Rd	Mt Vernon			POSTAL CODE 98274-	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use exact full niname will not fit in line 2b, leave all of item 2 b ank, check here and provid 2a. ORGANIZATION'S NAME					
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	:	STATE	POSTAL CODE	COUNTRY
3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME	R SECURED PARTY): Prov	ride only one secured par	rly name (	(3e or 3b)	
Puget Sound Cooperative Credit Union			400/TIO		A. 455m
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	•	ADUITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue			98004	COUNTRY
4 COLLATERAL This linencing statement covers the following collateral: DAIKIN HEAT PUMP along with after acquired fix located at: 21895 Cedardale Rd,. Mount Vernon, form(s).					
LEGAL: LOT 1, SHORT PLAT NO. 17-89, APPR OF SHORT PLATS, PAGE 122, UNDER AUDITO WEST 1/2 OF SECTION 20, TOWNSHIP 33 NOI FOR INGRESS, EGRESS AND UTILITIES OVER SKAGIT COUNTY, WASHINGTON	OR'S FILE NO. 89 RTH, RANGE 4 E	04270016 AND AST, W.M. <b>T</b> O	BEIN GETH	G A PORTION C ER WITH AN EA	F THE SEMENT

APN P16948

5. Check only if applicable and check only one box. C	ollateral isheld in a Trust (see UCC1Ad, item 17 a	and Instructions)	being administered by a De	ceden'i Personal Representative
6a. Check only if applicable and check only one box.  Public-Finance TransactionManufa	ictured-Home Transaction A Debtor is a Trasmi	itting Utility	6b. Check only if applicable Agricultural Lien	and check <u>only</u> one box.  Non-UCC F ling
7 ALTERNATE DESIGNATION (if applicable)	Lessee/Lessor Consignee/Consignor	Seller/Bu	yer Bailee/Bailor	Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA Chronos Tracking #6777586-51443	Loan #		SBA Loan #	