## 202008280022

08/28/2020 08:37 AM Pages: 1 of 1 Fees: \$103.50

UCC FINANCING STATEMENT		kagit County Auditor, WA	i rees. \$1
FOLLOW INSTRUCTIONS			
A NAME & PHONE OF CONTACT AT FILER (optional)  Joy Wirsch (509) 327-963  B. E-MAIL CONTACT AT FILER (optional)  joy.wirsch@covius.com  c. SEND ACKNOWLEDGMENT TO: (Name and Address)	J4		
Chronos Mortgage Solutions	$\neg$		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216			
		ABOVE SPACE IS FOR FILING OFFICE USE OF	NI Y
DEBTOR'S NAME Provide only one Debtor name (1e or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check here, and prov 1e. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME Gillette	FIRST PERSONAL NAME  James	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
16. MAILING ADDRESS 748 Reanna Pl	Burlington	STATE POSTAL CODE WA 98233-	COUNTRY
DEBTOR'S NAME Provide only one Debtor name (2s or 2b) (use exsct full name will not fit in line 2b, leave all of item 2 blank, check here and provide ORGANIZATION'S NAME			
OR 26 INDIVIDUALS SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Unio		nly <u>one</u> secured party name (3a or 3b;	
OR 3b. 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 USA
4 COLLATERAL This financing statement covers the following collaters: DAIKIN FURNACE DAIKIN A/C along with after property located at: 748 Reanna PI,. Burlington, form(s).	acquired fixtures perta WA 98233 as docume	nining to energy efficiency upgrades ented on subsequent loan disburser	at the nent
LEGAL: LOT 4, RIO VISTA MEADOWS, AS PE AUDITOR'S FILE NO. 200008210119, IN SKAG			ER
APN P117026			

5 Check only if applicable and check only one box Collateral s held in a Trust (see UCC1Ad item 17 and Instructions; being administered by a Decedent Personal Representative						
6a Check only if applicable and check only one box Public-Finance Transaction Manufack	red-Home Transact.on A Debtor is a Tras		Check odly if app cable Agricultural Lien	and check <u>only</u> one box		
7 ALTERNATE DESIGNATION (if app scable)	Lessee/Lessor Consignee/Consignor	Seller/Buyer	Bailee/Bailor	L:consee/Licensor		
8 OPTIONAL FILER REFERENCE DATA Chronos Tracking #6833513-51634	Loan#		SBA Loan #			