10/06/2020 09:18 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) OV WIRSCH (509) 327-9634			
E-MAIL CONTACT AT FILER (optional) by .wirsch@covius.com			
SEND ACKNOWLEDGMENT TO (Name and Address)	- -		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	į		
Spokane Valley, WA 99216			
DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact full name)		OVE SPACE IS FOR FILING OFFICE USE OF	
1a ORGANIZATION'S NAME 1b INDIVIDUAL'S SURNAME JOHNSTON	FIRST PERSONAL NAME JAMES	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 64 S 47th St	Mount Vernon	STATE POSTAL CODE WA 98274-	COUNTR
R 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide only	one secured party name (3a or 3b)	
Puget Sound Cooperative Credit Union 35 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	Bellevue	STATE POSTAL CODE WA 98004	COUNTE
600 108th Ave NE Suite #1035 COLLATERAL: This financing statement covers the following collateral		aining to energy efficiency upgra	des at t

5 Check only if applicable and check only one box. Co	llateral isheld in a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a Dec	eden't Personal Representative
6a Check only if applicable and check only one box Public-Finance Transaction Manufac	ctured-Home TransactionA Debtor is a Trasmi		6b. Check <u>only</u> if applicable a Agricultural Lien	nd check <u>only</u> one box Non-UCC Filing
7 ALTERNATE DESIGNATION (if applicable)	Lessee/Lessor Consignee/Consignor	Seller/Buy	er Bailee/Bailor	Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA Chronos Tracking #6951637-52232	Loan #		SBA Loan#	