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10/15/2020 09:37 AM Pages: 1 of 3 Fees: \$105.50 Skagit County Auditor, WA

B. EMAIL CONTACT AT FILER (optional) SPRFIIng@cs.cgip.obal.com SPRFIIng.com SPRFIIn	Α.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
C. SEND ACKINOWILEDGMENT TO: (Name and Address) 2001 73816 CSC 801 Addis Stevenson Drive Springfield, it. 62703 Filed In: Washington (Skagid) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provise only ging Debtor same (1 a or 10) (use exact, full name, do not omit, modify, or abbrevate any past of the Debtor's name); if any pan of the Individual Debtor (Skagid) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provise only ging Debtor same (1 a or 10) (use exact, full name, do not omit, modify, or abbrevate any past of the Debtor's name); if any pan of the Individual Debtor (Individual Debtor (Individual Debtor Individual Debtor Individual Debtor (Individual Debtor Individual Debtor Individual Debtor (Individual Debtor Individual Debtor	В.	E-MAIL CONTACT AT FILER (optional)					
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FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)