## 202011030115

11/03/2020 11:52 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

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			
Č. SEND ACKNOWLEDGMENT TO. (Name and Address)	<b>¬</b>		
Chronos Mortgage Solutions	<b>'  </b>		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216	]	DAGE 10 FOR FILING OFFICE LIFE OF	
DEBTOR'S NAME Provide only one Debtor name (1e or 1b) (use exact full name)		PACE IS FOR FILING OFFICE USE ON	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact rull name will not fit in line 1b, leave all of item 1 blank, check here and provide	the Individual Debtor information in item 10 o	f the Financing Statement Addendum (Form L	ICC1Ad)
1a ORGANIZATION'S NAME			
OR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Kelley	Jeffrey		.i. <u></u>
10 MAILING ADDRESS 828 Brighton Ct	Burlington	STATE POSTAL CODE WA 98233	USA
2 DERTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full na	me, do not omit, modify, or abbreviate any pa	rt of the Debtor's name), if any part of the Indi	vidual Deblor's
name will not fit in line 2b, leave all of item 2 blank, check here and provide	the Individual Debtor Information in item 10 o	of the Financing Statement Addendum (Form L	JCC1Ad)
28 ORGANIZATION'S NAME			
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SHINITIAL(S)	SUFFIX
Kelley	La Donna	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS 828 Brighton Ct	्राप Burlington	WA 98233	USA
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R SECURED PARTY). Provide only one sec	ured party name (3a or 3b)	
Sa. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union			
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	Amu	STATE POSTAL CODE	COUNTRY
3c MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA
4. COLLATERAL: This financing statement covers the following collateral:			<del>-</del>
carrier Air Conditioner along withafter acquired fixed located at: 828 Brighton Ct., Brighton, WA 98233	tures pertaining to energy ef as documented on subsequ	ficiency upgrades at the pro ent loan disbursement form	perty (s).
LEGAL: LOT 12, PLAT OF MAIBEN GLEN DIVIS	SIONS 1 AND 2. ACCORDIN	NG TO THE PLAT THEREC	F.
RECORDED UNDER AUDITOR'S FILE NO 2017	11130061, IN SKAGIT COL	INTY, WASHINGTON	·
APN P133975			
APN P 199919			
6 Church and it anathrable and shock only one has Callabaratic	unt (one INCCARd ibory 47 and bests returns)	being administered by a Deceden't Person	al Representative
5 Check only if applicable and check only one box Collateral is held in a Tr  6a Check only if applicable and check only one box.	ust (see UCC1Ad, item 17 and Instructions)	6b Check only if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Trasmitting Utility	Agricultural Lien Non-L	ICC Filing
7 ALTERNATE DESIGNATION (if applicable) Lessee/Lessor	Consignee/Consignor Seller/B	uyer Bailee/Bailor Licens	ee/Licensor
8 OPTIONAL FILER REFERENCE DATA Chronos Tracking #7097863-52763 Loar	n#	SBA Loan #	