## 202011120070

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Skagit County Auditor, WA

CC FINANCING STATEMENT DLLOW INSTRUCTIONS			
NAME & PHONE OF CONTACT AT FILER (optional)  JOY Wirsch (509) 327-9634  E-MAIL CONTACT AT FILER (optional)  OV. Wirsch@covius.com	4		
. SEND ACKNOWLEDGMENT TO: (Name and Address)	_ ]		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	1		
Spokane Valley, WA 99216	1		
DEBTOR'S NAME. Provide only one Debtor name (1s or 1b) (use exact full r		SPACE IS FOR FILING OFFICE USE OF	
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME	de the Individual Debtor information in item t	10 of the Financing Statement Addendum (Form L	JCC1Ad)
R 15. INDIVIDUAL'S SURNAME Frisbie	FIRST PERSONAL NAME Julia	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
4001 W 4th St	Anacortes	WA 98221	USA
name will not fit in line 2b, leave all of item 2 blank, check here and provi	name do not omit, modity, or appreviate any de the Individual Debtor information in item	10 of the Financing Statement Addendum (Form	JCC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here and provi 2a. ORGANIZATION'S NAME	name do not omit. modify, of abbreviate any de the Individual Debtor information in item FIRST PERSONAL NAME Drew	10 of the Financing Statement Addendum (Form t	SUFFIX
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name will not fit in line 2b, teave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME  R	FIRST PERSONAL NAME Drew C.TY Anacortes	ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  WA 98221	UCC1Ad)
name will not fit in line 2b, teave all of item 2 blank, check here and provided. Cab. ORGANIZATION'S NAME  R 2b. INDIVIDUAL'S SURNAME Frisbie c MAILING ADDRESS 4001 W 4th St  D. SECURED PARTY'S NAME for NAME of YOTAL ASSIGNEE of ASSIGNEE 3a ORGANIZATION'S NAME	FIRST PERSONAL NAME Drew CITY Anacortes  DR SECURED PARTY; Provide only one	ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  WA 98221	SUFFIX COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and proving a companied of the compa	FIRST PERSONAL NAME Drew CITY Anacortes  DR SECURED PARTY; Provide only one	ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  WA 98221	SUFFIX COUNTRY
26. ORGANIZATION'S NAME  26. INDIVIDUAL'S SURNAME  Frisbie 26. MAILING ADDRESS  4001 W 4th St  3. SECURED PARTY'S NAME for NAME of YOTAL ASSIGNEE of ASSIGNE 36. ORGANIZATION'S NAME  Puget Sound Cooperative Credit Unio	FIRST PERSONAL NAME Drew C.TY Anacortes  DR SEGLRED PARTY; Provide only one	ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  WA 98221  secured party name (3a or 3b)	SUFFIX COUNTRY USA
name will not fit in line 2b, teave all of item 2 blank, check here and proving 2a. ORGANIZATION'S NAME  R 2b. INDIVIDUAL'S SURNAME Frisbie c MAILING ADDRESS 4001 W 4th St  D. SECURED PARTY'S NAME for NAME of YOTAL ASSIGNEE of ASSIGNED ASSIGNED ASSIGNED PURCHASHING ADDRESS  ORGANIZATION'S NAME OF NAME OF TOTAL ASSIGNED OF ASSIGNED PURCH SOUND COOPERATIVE CREDIT UNION ADDRESS	FIRST PERSONAL NAME Drew C:TY Anacortes  OR SECLRED PARTY; Provide only one  FIRST PERSONAL NAME  CITY Bellevue  ELS, 32 PANASONIC MIC Lipgrades at the property lo- quent loan disbursement for	ADDITIONAL NAME(S)INITIAL(S)  STATE POSTAL CODE WA 98221  SECURED PARTY NAME (S)INITIAL(S)  ADDITIONAL NAME (S)INITIAL(S)  STATE POSTAL CODE WA 98004  RO INVERTERS along withaft cated at: 4001 West 4th Stree DITM(S).	SUFFIX COUNTRY USA SUFFIX COUNTRY USA