

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<b>Craft3</b> <b>42 7th Street, Suite 100</b> <b>Astoria, OR 97103</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Hackworth</b>	<b>Kirsten</b>	<b>Marie</b>	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
<b>13885 Seaview Way</b>	<b>Anacortes</b>	<b>WA</b>	<b>98221</b>
			COUNTRY
			<b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor'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 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Hackworth</b>	<b>Albert</b>		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
<b>1131 Lake WA Blvd. N. Unit E202</b>	<b>Renton</b>	<b>WA</b>	<b>98056</b>
			COUNTRY
			<b>USA</b>

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME			
<b>Craft3</b>			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
<b>42 7th Street, Suite 100</b>	<b>Astoria</b>	<b>OR</b>	<b>97103</b>
			COUNTRY
			<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**Septic system repair or replacement at 13885 Seaview Way, Anacortes, WA 98221**  
**Legal Description: (0.2900 AC) LOT 10, SEAVIEW DIV NO 2, RECORDED IN VOLUME 14 OF PLATS, PAGES 52 AND 53, RECORDS OF SKAGIT COUNTY, WASHINGTON.**  
**Assessor's Parcel Number: P83458**  
**Township-Range-Section: 34-1 E-10**  
**Full legal description on page 2.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**SP-24083**

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME <b>Hackworth</b>	
FIRST PERSONAL NAME <b>Kirsten</b>	
ADDITIONAL NAME(S)/INITIAL(S) <b>Marie</b>	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME	
OR	
10b. INDIVIDUAL'S SURNAME <b>Hacksaw</b>	
INDIVIDUAL'S FIRST PERSONAL NAME <b>Kirsten</b>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c. MAILING ADDRESS <b>13885 Seaview Way</b>	CITY <b>Anacortes</b>	STATE <b>WA</b>	POSTAL CODE <b>98221</b>	COUNTRY
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11.  ADDITIONAL SECURED PARTY'S NAME *or*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:  
**Lot 10 "PLAT OF SEAVIEW DIV. NO. 2," as per plat recorded in Volume 14 of Plats, pages 52 and 53, records of Skagit County, Washington. Situate in the County of Skagit, State of Washington. Assessor's Parcel Number: P83458.**

17. MISCELLANEOUS: