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Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Pinnacle 877-249-5119 Fax: 480-718-9545</b>
B. E-MAIL CONTACT AT FILER (optional) <b>corporate@pinnaclefinance.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Pinnacle Finance 15030 N. Hayden Rd. Suite 100 Scottsdale, AZ 85260</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 <b>Johnson</b>	FIRST PERSONAL NAME <b>Laura</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>23606 Main St</b>	CITY <b>Mt Vernon</b>	STATE <b>WA</b>	POSTAL CODE <b>98274</b>
COUNTRY			

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
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
COUNTRY			

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>Pinnacle Finance</b>			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>15030 N Hayden Rd., Suite 100</b>	CITY <b>Scottsdale</b>	STATE <b>AZ</b>	POSTAL CODE <b>85260</b>
COUNTRY			

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

**Alarm System-by-Home Safety Research**

**(0.3200 AC) LOTS 3 TO 6, BLOCK 13, PLAT OF THE TOWN OF MCMURRAY TOGETHER WITH A PORTION OF LOTS 7 & 8 BLOCK 13 LYING WESTERLY AND SOUTHERLY OF FOLLOWING DESCRIBED LINE COMMENCING AT THE NORTHEAST CORNER OF LOT 6 BLOCK 13 OF SAID PLAT TOWN OF MCMURRAY THENCE EAST ALONG THE NORTH LINE OF BLOCK 13 12 FEET TO THE POINT OF BEGINNING THENCE SOUTH 5-17-37 EAST 57.59 FEET THENCE SOUTH 19-05-07 EAST 64.32 FEET THENCE SOUTH 31-04-13 EAST 135.53 FEET THENCE SOUTH 27-33-44 EAST 43.88 FEET TO THE POINT OF BEGINNING.  
County: SKAGIT, WA APN: P75120**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, Item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: <b>1-25970-1</b>	

**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

**Johnson**

FIRST PERSONAL NAME

**Laura**

ADDITIONAL NAME(S)/INITIAL(S)

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

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

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:

**County: SKAGIT, WA APN: P75120****Census Tract / Block: 9527.00 / 2 Alternate APN: 41450130060005****Township-Range-Sect: 33-4E-25 Subdivision: MCMURRAY****Legal Book/Page: Map Reference: 33N-04E-25-SE / 04E-33N-25-SE****Legal Lot: 6 Tract #:**

17. MISCELLANEOUS: