

**UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Diana Norberg</b> (509) 327-9634
B. E-MAIL CONTACT AT FILER (optional) <b>Diana.Norberg@covius.c</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Chronos Mortgage Solutions</b> 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216

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>WHEELER</b>	FIRST PERSONAL NAME <b>CHERYL</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>1320 S 12th St</b>	CITY <b>Mount Vernon</b>	STATE <b>WA</b>	POSTAL CODE <b>98274-</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
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY <b>USA</b>

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

3a. ORGANIZATION'S NAME <b>Puget Sound Cooperative Credit Union</b>			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>11201 SE 8th St, Ste 208</b>	CITY <b>Bellevue</b>	STATE <b>WA</b>	POSTAL CODE <b>98004</b> COUNTRY <b>USA</b>

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

9.49 KW: 26 LG NEON PANELS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 1320 S 12TH ST, MOUNT VERNON, WA 98274 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: THAT PORTION OF THE NE ¼ OF THE NW ¼ OF SECTION 29, T24N, R4E, W.M.; BEGINNING AT A POINT 560 FT SOUTH AND 100 FT OF THE SE CORNER OF BLOCK 22, MAP OF MILLETT'S ADDITION TO MT. VERNON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 63; THENCE SOUTH 60 FT.; THENCE WEST 116 FT, MORE OR LESS, TO THE EAST LINE OF 12TH STREET, AS NOW ESTABLISHED; THENCE NORTH 60 FT.; THENCE EAST 116 FT. TO THE POINT OF BEGINNING, IN SKAGIT COUNTY, WASHINGTON.

APN: P28315

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. ALTERNATE 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/Licensor	
8. OPTIONAL FILER REFERENCE DATA <b>Chronos Tracking #7499565-57253</b> Loan # <b>                    </b> SBA Loan # <b>                    </b>	