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10/14/2021 12:01 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634			
B. E-MAIL CONTACT AT FILER (optional) Diana. Norberg@covius.c			
C. SEND ACKNOWLEDGMENT TO (Name and Address)	٦l		
^I Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	`		
Spokane Valley, WA 99216			
	THE ABOVE SPACE	E IS FOR FILING OFFICE USE ONL	Υ
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME	ne; do not omit, modify, or abbreviate any part of t the Individual Debtor information in item 10 of the	he Debtor's name), if any part of the Individ Financing Statement Addendum (Form UC 	ual Debtor's C1Ad)
OR 16. INDIVIDUAL'S SURNAME Upson	FIRST PERSONAL NAME AND FEW	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7773 Renic Dr	Sedro Woolley	STATE POSTAL CODE WA 98284	COUNTRY
DEBTOR'S NAME Provide only one Debtor name (2s or 2b) (use exact full name)			
name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME			
OR 25. INDIVIDUAL'S SURNAME Upson	FIRST PERSONAL NAME Hilary	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 7773 Renic Dr	Sedro Woolley	STATE POSTAL CODE WA 98284	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR			OO/ (
3a. ORGANIZATION'S NAME		*	
Puget Sound Cooperative Credit Union on 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 11201 SE 8th St, Ste 208	Bellevue	STATE POSTAL CODE WA 98004	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral 17.5KW SOLARYSTEM: 48 HYUNDAI PANELS, A ENERGY EFFICIENCY UPGRADES AT THE PROWA 98284 AS DOCUMENTED ON SUBSEQUEN	OPERTY LOCATED AT: 7773	RENIC DR, SEDRO WOO	IING TO DLEY,
LEGAL: LOT 32, ELK HAVEN ESTATES, AS PER FILE NO. 200208060083, IN SKAGIT COUNTY, V	R PLAT RECORDED ON AUG WASHINGTON.	UST 6, 2002, UNDER AUI	OITOR'S
APN: P119411			
5 Check only if applicable and check only one box. Collateral isheld in a Tri	ust (see UCC1Ad, item 17 and Instructions)	eing administered by a Deceden't Personal	Representative
6a. Check only if applicable and check only one box		Check only if applicable and check only or	ne box:
Public-Finance Transaction Manufectured-Home Transaction 7 ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Trasmitting Utility Consignee/Consignor Seller/Buyer	Agricultural Lien Non-UC	
8. OPTIONAL FILER REFERENCE DATA			
Chronos Tracking #7564108-58513 Loan	#	SBA Loan #	