

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2200 87768 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) | |

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 Williams | FIRST PERSONAL NAME Krysten | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 1c. MAILING ADDRESS 46744 Baker Loop Rd | | CITY Concrete | STATE WA |
| | | POSTAL CODE 98237 | COUNTRY USA |

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 Williams | FIRST PERSONAL NAME Breck | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 2c. MAILING ADDRESS 46744 Baker Loop Rd | | CITY Concrete | STATE WA |
| | | POSTAL CODE 98237 | COUNTRY USA |

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 Verity Credit Union | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| 3c. MAILING ADDRESS 11027 Meridian Ave N | | CITY Seattle | STATE WA |
| | | POSTAL CODE 98133 | COUNTRY USA |

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

Description: Verity Credit Union is providing a closed-end personal loan to our borrower for the purpose of financing their solar panel installation project on their personal residence, description provided below. A licensed and insured contractor will be performing the service.

Parcel Number: P64289

Abbreviated Legal Description: (0.5400 Ac) Lot 207, Cedargrove On The Skagit, As Per Plat Recorded In Volume 9 Of Plats, Pages 48 To 51, Inclusive, Recorded In Skagit County, Washington.

| | | | |
|---|--|--|--|
| 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/Licensor | | | |
| 8. OPTIONAL FILER REFERENCE DATA: | | | |

2200 87768