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10/29/2021 08:45 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

	-	,	
UCC FINANCING STATEMENT			
FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional)			
Ethan Sumpter (509) 327-9634			
B E-MAIL CONTACT AT FILER (optional)			
ethan.sumpter@covius.c	····		
C SEND ACKNOWLEDGMENT TO: (Name and Address)	1		
Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, Ste 100	1		
Spokane Valley, WA 99216			
	TUE - BOVE 50-0	T 10 FOR FILING OFFICE LIGH OL	ıv
		E IS FOR FILING OFFICE USE ON	
DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check hereand provide to a ORGANIZATION'S NAME			
OR 15 INDIVIDUAL'S SURNAME LEUNG	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) CHARK JOE	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1592 W Gateway Heights Loop 2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact full name)	Sedro Woolley	WA 98284-	<u>USA</u>
name will not fit in line 2b, leave all of item 2 blank, check here and provide 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 TOTAL ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only one secured p	party name (3a or 3b)	
38. ORGANIZATION'S NAME			
Puget Sound Cooperative Credit Union		ADDITIONAL MANIECCHARTIAL (D)	OUEEW.
3b. 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			
5.8 KW SOLAR: 14 TESLA PANELS, 1 SOLAR EI PERTAINING TO ENERGY EFFICIENCY UPGRA HEIGHTS LOOP, SEDRO WOOLLEY, WA 98284 DISBURSEMENT FORM(S).	DES AT THE PROPERTY LO	CATED AT: 1592 W GAT	XTURES FEWAY
LEGAL: LOT 42, SAUK MOUNTAIN VIEW ESTAT PHASE V AND PLAT ALTERATION OF PHASE IN 201603180044, RECORDS OF SKAGIT COUNTY	V, RECORDED MARCH 18, 20	ESIDENTIAL DEVELOPM 116 UNDER AUDITOR'S	MENT FILE NO.
APN: 6009-000-000-0042; P131087			
5 Check only if applicable and check only one box Collateral is held in a Tru	st (see UCC1Ad, item 17 and Instructions)	ing administered by a Deceden't Persona	il Representative
Check only if applicable and check only one box Collateral is held in a Tru 6a Check only if applicable and check only one box.		ing administered by a Deceden't Persons Check only if applicable and check only	
6a. Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home Transaction			one box
6a Check only if applicable and check only one box.	6b	Check only if applicable and check only Agricultural Lien Non-Ut	one box

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)