

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)	
Chronos Mortgage Solutions 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

Englund

FIRST PERSONAL NAME

Alex

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

10529 Samish Island Rd

CITY
BowSTATE POSTAL CODE
WA 98232COUNTRY
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

Englund

FIRST PERSONAL NAME

Mandy

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

10529 Samish Island Rd

CITY
BowSTATE POSTAL CODE
WA 98232COUNTRY
USA

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

Puget Sound Cooperative Credit Union

OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

11201 SE 8th St, Ste 208

CITY
BellevueSTATE POSTAL CODE
WA 98004COUNTRY
USA

4. COLLATERAL: This financing statement covers the following collateral

44 ENPHASE MICRO INVERTERS, 16.7KW SOLAR SYSTEM: 44 SILFAB PANELS, ALONG WITH AFTER ACQUIRED FIXTURES PERTAINING TO ENERGY EFFICIENCY UPGRADES AT THE PROPERTY LOCATED AT: 10529 SAMISH ISLAND ROAD, BOW, WA 98232 AS DOCUMENTED ON SUBSEQUENT LOAN DISBURSEMENT FORM(S).

LEGAL: THE EAST 330 FEET OF THAT PORTION OF GOVERNMENT LOT 2 IN SECTION 35, TOWNSHIP 36 NORTH, RANGE 2 EAST, W.M., EXCEPT THE EAST 100 FEET THEREOF; AND EXCEPT THE NORTH 400 FEET THEREOF; AND ALSO EXCEPT THE WEST 12 FEET OF THE EAST 112 FEET OF THAT PORTION THEREOF LYING NORTH OF THE COUNTY ROAD; AND ALSO EXCEPT THE COUNTY ROAD, SITUATED IN SKAGIT COUNTY, WASHINGTON.

APN: 36023500020003; P47349

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 Chronos Tracking #7605313-59391 Loan # SBA Loan #	

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