## 202112150004

12/15/2021 08:34 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)		I					
Ethan Sumpter (509) 327-9634	<b> </b>						
B E-MAIL CONTACT AT FILER (optional)							
ethan.sumpter@covius.c c SEND ACKNOWLEDGMENT TO. (Name and Address)							
	I	İ					
Chronos Mortgage Solutions	ı						
12410 E. Mirabeau Parkway, Ste 100							
Spokane Valley, WA 99216							
		THE	ABOVE SPACE	E IS FOR	FILING OFFICE	USE ON	ILY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full na	ıme; do not omit, m	<b>.</b>		-		_	
name will not fit in line 1b, leave all of item 1 blank, check here and provide	the Individual Deb	tor information	n in item 10 of the	Financing :	Statement Addendui	m (Form U	CC1Ad)
1a ORGANIZATION'S NAME							
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX	
Nuckolls	Marcus	4.4				<i>2</i> 12(0)	001111
1c. MAILING ADDRESS	CITY	_			POSTAL CODE		COUNTRY
15018 Colony Rd  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full na		Bow			98232-		USA
28 ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSOI	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c MAILING ADDRESS	CITY	CITY		STATE	POSTAL CODE		COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R SECURED PART	Y) Provide	only <u>one</u> secured	party name	(3a or 3b)		
38 ORGANIZATION'S NAME Puget Sound Cooperative Credit Union							
OR 35 INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME		ADDITIO	ONAL NAME(S)/INIT	TIAL(S)	SUFFIX
							0011111
3c MAILING ADDRESS 11201 SE 8th St, Ste 208	Bellevue	Bellevue			98004		COUNTRY
4. COLLATERAL; This financing statement covers the following collateral:						_	
TO ENERGY EFFICIENCY UPGRADES AT THE 98232 AS DOCUMENTED ON SUBSEQUENT LC	<b>PROPERT</b>	Y LOCA	TED AT: 19	5018 C			
LEGAL: TRACT "B" OF REVISED SHORT PLAT 1979, IN VOLUME 3 OF SHORT PLATS, PAGE 1 7906040033; BEING A PORTION OF THE NORT SECTION 27, TOWNSHIP 36 NORTH, RANGE 3 WASHINGTON.	118 AND RE TH ½ IF THI	ECORDE E NORTI	D UNDER	AUDIT	TOR'S FILE IE NORTHW	NO. VEST :	4 OF
APN: 36032720080002							
5 Check only if applicable and check only one box Collateral is held in a Tri	rust (see UCC1Ad,	item 17 and In	structions) be	eing admini	stered by a Deceder	n't Persona	l Representative
6a Check only if applicable and check only one box.					if applicable and c		
Public-Finance TransactionManufactured-Home Transaction	A Debtor is	a Trasmitting			ultural Lien	$\overline{}$	CC Filing
	Consignee/Consi	gnor	Seller/Buyer	В	silee/Baitor	License	e/Licensor
	1 #			SBA L	oan#		
6a Check <u>only</u> if applicable and check <u>only</u> one box.  — Public-Finance Transaction  7 ALTERNATE DESIGNATION (if applicable)  8 OPTIONAL FILER REFERENCE DATA	A Debtor is Consignee/Consi	a Trasmitting	6b Utilify	Check only Agric	ailee/Baitor	check <u>only</u> o	one box