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06/30/2022 10:42 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

A

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME CURRIE 2c. MAILING ADDRESS 3916 S AVE 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE OF ASSIGNEE OF ASSIGNEE SOUND COOPERATIVE Credit Union Cooperative	FIRST PERSONAL NAME ANGELA CITY BURLINGTON NOR SECURED PARTY): Provide only one Secured	ADDITIO STATE WA Party name (3a or 3b	POSTAL CODE 98233	SUFFIX SUFFIX SUFFIX COUNTRY USA
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME CURRIE 2c. MAILING ADDRESS 3916 S AVE 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME Puget Sound Cooperative Credit Union	FIRST PERSONAL NAME ANGELA CITY BURLINGTON NOR SECURED PARTY): Provide only one Secured On	ADDITIO STATE WA Party name (3a or 3b	POSTAL CODE 98233	SUFFIX COUNTRY USA
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2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME CURRIE 2c. MAILING ADDRESS	FIRST PERSONAL NAME ANGELA CITY	ADDITIO STATE	NAL NAME(S)/INITIAL(S)	SUFFIX
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2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			· · · · · · · · · · · · · · · · · · ·
2a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
		of the Financing Su	atement Addendam (Form C	CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here		of the financing of	dement Addendum (Form C	CC1Ad)
	nd provide the Individual Debtor information in item 10			
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use			, , , , ,	
1c. MAILING ADDRESS 3916 S AVE	BURLINGTON	STATE WA	POSTAL CODE 98233	COUNTRY
CURRIE	STUART			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1a. ORGANIZATION'S NAME	na provide tre mavidual bestor mornation in term re	or the rmancing ou	ttement Addendam (Form C	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here a	exact, full name; do not omit, modify, or abbreviate a nd provide the Individual Debtor information in item 10			
	THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
	11			
Virginia Beach, VA 23462				
5029 Corporate Woods Drive, Suite 225,				
reQuire Real Estate Solutions, LLC	□			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u></u>			
B. E-MAIL CONTACT AT FILER (optional)				

10.64KW SOLAR-28 SILFAB PANELS, DAIKIN HEAT PUMP, 28 MICRO INVERTERS along with after acquired fixtures pertaining to energy efficiency upgrades at the property located at: 3916 S AVE, ANACORTES WA 98221 as documented on subsequent loan disbursement form(s).

Full Legal Description: THE NORTH 1/2 OF LOT 23 AND ALL OF LOTS 24 AND 25, BLOCK 11, "SEATTLE SYNDICATE'S FIRST ADDITION TO THE CITY OF ANACORTES, WASH", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 25, RECORDS OF SKAGIT COUNTY, WASHINGTON

TOGETHER WITH VACATED WEST 10 FEET OF "S" AVENUE ADJOINING AND ALSO TOGETHER WITH THE EAST 1/2 OF VACATED ALLEY ADJOINING SITUATED IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON

APN:P58856

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Represer	ntative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	rer Bailee/Bailor Licensee/Licens	or
8. OPTIONAL FILER REFERENCE DATA: 3542774 - CURRIE		

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

International Association of Commercial Administrators (IACA)