

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account number is **NOT** required to be included in business entity or Uniform Commercial Code documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing.

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
reQuire Real Estate Solutions, LLC 5029 Corporate Woods Drive, Suite 225, Virginia Beach, VA 23462

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 GUSTAFSON FAMILY TRUST				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3940 HARBOR PL		CITY ANACORTES	STATE WA	POSTAL CODE 98221
			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	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 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 Street, Suite 208		CITY Bellevue	STATE WA	POSTAL CODE 98004-6420
			COUNTRY USA	

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

16.8KW SOLAR: 42 QCELLS PANELS, 1 SOLAREEDGE INVERTER along with after acquired fixtures pertaining to energy efficiency upgrades at the property located at: 3940 HARBOR PL, ANACORTES WA 98221 as documented on subsequent loan disbursement form(s).

Tax ID: P115961

Abbreviated Legal: LOT 51, PLAT OF SEAVIEW DIVISION NO. 4, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 17 OF PLATS, PAGES 72 TO 74, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is	held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b. 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		<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: 3568289		