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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) 877-505-5400 |
| B. E-MAIL CONTACT AT FILER (optional) recordings@gorequire.com |
| C. SEND ACKNOWLEDGMENT TO (Name and Address) Require Real Estate Solutions, LLC 5029 Corporate Woods Drive, Suite 225 Virginia Beach, VA 23462 |

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 GILBERT | FIRST PERSONAL NAME MARIAN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 415 THRESHER AVE | CITY SEDRO WOOLLEY | STATE WA | POSTAL CODE 98284 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 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 Street, Suite 208 | CITY BELLEVUE | STATE WA | POSTAL CODE 98004-6420 COUNTRY USA |

4 COLLATERAL: This financing statement covers the following collateral

Fixtures and energy equipment, including but not limited to, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 415 THRESHER AVE SEDRO WOOLEY, WA 98284

THE NORTH 10 FEET OF LOT 4 AND ALL OF LOT 5, THRESHER'S FIRST ADDITION, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7 OF PLATS, PAGE 52, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Parcel No.: P69992 / 4031-000-005-0000

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 Representative

6a Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7 ALTERNATE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bator Licensee/Licenser

8 OPTIONAL FILER REFERENCE DATA
GILBERT670