Sign Envelope ID: F6A52BED-5BE0-495D-908A-CBA4AAB14CD9		202210180034 10/18/2022 10:38 AM Pages: 1 of 2 Fees: \$204. Skagit County Auditor, WA				
JCC FINANCING STATEMENT						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address  Craft3						
PO Box 530233 Atlanta, GA 30353-0233						
	<sub>THE</sub>	ABOVE SPACE IS FO	OR FILING OFFICE USE	ONLY		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1) name will not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in	tem 10 of the Financing St	latement Addendum (Form U			
Sherrick c. MAILING ADDRESS	Paul	Robe	rt TPOSTAL CODE	COUNTRY		
10833 Mary Ln	Burlington	WA	98233	USA		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2t name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME		tem 10 of the Financing St				
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS	and provide the Individual Debtor information in FIRST PERSONAL NAME  Lacey  CITY	tem 10 of the Financing St  ADDITIC  Done  STATE	DNAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX COUNTRY		
name will not fit in line 2b, leave all of item 2 blank, check here  2a, ORGANIZATION'S NAME  2b, INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS  10833 Mary Ln	and provide the Individual Debtor information in in	tem 10 of the Financing Si  ADDITIC  Done  STATE  WA	DNAL NAME(S)/INITIAL(S)  III  POSTAL CODE  98233	SUFFIX		
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS  10833 Mary Ln  SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME	and provide the Individual Debtor information in in	tem 10 of the Financing Si  ADDITIC  Done  STATE  WA	DNAL NAME(S)/INITIAL(S)  III  POSTAL CODE  98233	SUFFIX COUNTRY		
name will not fit in line 2b, leave all of item 2 blank, check here  2a, ORGANIZATION'S NAME  2b, INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS  10833 Mary Ln  . SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a, ORGANIZATION'S NAME  Craft3	and provide the Individual Debtor information in in	ADDITIC Done STATE WA cured Parly name (3a or 3	DNAL NAME(S)/INITIAL(S)  III  POSTAL CODE  98233  b)	SUFFIX COUNTRY USA		
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS  10833 Mary Ln  SECURED PARTY'S NAME (or NAME of ASSIGNEE of A Sa. ORGANIZATION'S NAME  Craft3	and provide the Individual Debtor information in in	ADDITIC Done STATE WA cured Parly name (3a or 3	DNAL NAME(S)/INITIAL(S)  III  POSTAL CODE  98233	SUFFIX COUNTRY		
name will not fit in line 2b, leave all of item 2 blank, check here  2a, ORGANIZATION'S NAME  2b, INDIVIDUAL'S SURNAME  Sherrick  c. MAILING ADDRESS  10833 Mary Ln  . SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a, ORGANIZATION'S NAME  Craft3	and provide the Individual Debtor information in in	ADDITIC Done STATE WA cured Parly name (3a or 3	DNAL NAME(S)/INITIAL(S)  III  POSTAL CODE  98233  b)	SUFFIX COUNTRY USA		

## UCC FINANCING STATEMENT ADDENDUM

O MAME OF FIRST DEPTOR. A			1				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financin-because Individual Debtor name did not fit, check here	g Statement; if line	1b was left blank					
9a, ORGANIZATION'S NAME			1				
			1				
OR 9b. INDIVIDUAL'S SURNAME							
Sherrick							
FIRST PERSONAL NAME			1				
Paul							
ADDITIONAL NAME(S)/INITIAL(S)  Robert  SUFFIX			THE AROVE	SPACE	IS FOR FILING OFFICE	LISE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional D							
do not omit, modify, or abbreviate any part of the Debtor's name) a 10a. ORGANIZATION'S NAME	and enter the mailing	g address in line 10c					
Tod. ORGANIZATION S NAME							
OR 10b. INDIVIDUAL'S SURNAME Sherrick							
INDIVIDUAL'S FIRST PERSONAL NAME Paul							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
10c. MAILING ADDRESS	CIT			STATE	POSTAL CODE	COUNTRY	
10833 Mary Ln  11. ADDITIONAL SECURED PARTY'S NAME or		urlington SECURED PARTY		WA	98233		
11a. ORGANIZATION'S NAME							
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME ADDITIONAL NAME(S)/I			NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CIT	TY		STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			_				
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or record).</li> <li>REAL ESTATE RECORDS (if applicable).</li> </ol>	corded) in the 14,	This FINANCING STATEMENT:  covers timber to be cut  covers as-extracted collateral is filed as a fixture.				fivturo filina	
5. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	T	16. Description of real estate:  Tract 11, LASHLEY'S PLAT, according to the plat thereof recorded in Volume of Plats, page 100, records of Skagit County, Washington. Assessor's Parci Number: P67156.					
17. MISCELLANEOUS:							
17. MISCELLANEOUS: Lacey D Sherrick							