## 202211230033

11/23/2022 12:18 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

C FINANCING STATEMENT				
LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)				
77-505-5400				
E-MAIL CONTACT AT FILER (optional) ecordings@gorequire.com				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
— Berning Book Fototo Colutions III	$\sim$ $\neg$ $\Box$			
Require Real Estate Solutions, LL 5029 Corporate Woods Drive, Suit				
Virginia Beach, VA 23462	le 225			
Virginia Beach, VA 25462		4 0 0 / 5 0 0 4 0 5 10 5 0	D 511 IN 0 055105 1105 4	NA 11 NZ
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex-			R FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank, check here	act full harne, do not offilt, modify, or abbreving provide the Individual Debtor information			
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ADDITIONAL NAME(S)/INITIAL(S)	
Long MAILING ADDRESS	Douglas	OTATE	POSTAL CODE	COUNTRY
21 W 3RD STREET	ANACORTES	STATE WA	98221	USA
Knokey   MAILING ADDRESS   21 W 3RD STREET	Marjean CITY ANACORTES	STATE WA	POSTAL CODE 98221	COUNTRY
21 W 3RD STREET	ANACORTES	WA	98221	USA
SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of AS 3a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY): Provide on	ly one secured party name	(3a or 3b)	
Puget Sound Cooperative Credit Union				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE		COUNTRY
201 SE 8th Street, Suite 208	BELLEVUE	WA	98004-6420	USA

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)