202212050062

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Skagit County Auditor, WA

	CC FINANCING STATEMENT				
A.	NAME & PHONE OF CONTACT AT FILER (optional)				
В.	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				
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	_	THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 10			
	1a. ORGANIZATION'S NAME	*		· · · · · · · · · · · · · · · · · · ·	<u> </u>
OR	1b. INDIVIDUAL'S SURNAME Swift	FIRST PERSONAL NAME Jennifer	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	79 Coyote Springs LN	Sedro Woolley	WA	98284	USA
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here	e exact, full name; do not omit, modify, or abbreviate at and provide the Individual Debtor information in item 10			
	2a. ORGANIZATION'S NAME				
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OR	26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Swift	Shane			
2c.	26. INDIVIDUAL'S SURNAME		ADDITIO STATE WA	POSTAL CODE 98284	
2c. 80	Swift MAILING ADDRESS	Shane CITY Sedro Woolley	STATE WA	POSTAL CODE 98284	COUNTR
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