## 202212160106

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Skagit County Auditor, WA

| 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)                                                                   |                                                                                     |                              |                                      |                                                  |                        |
|                                                                                                                                           | $\neg 1$                                                                            |                              |                                      |                                                  |                        |
| Require Real Estate Solutions, L                                                                                                          | •                                                                                   |                              |                                      |                                                  |                        |
| 5029 Corporate Woods Drive, St                                                                                                            | lite 225                                                                            |                              |                                      |                                                  |                        |
| Virginia Beach, VA 23462                                                                                                                  |                                                                                     |                              |                                      |                                                  |                        |
| 1 PERTORIO UNIT                                                                                                                           |                                                                                     |                              |                                      | LING OFFICE USE C                                |                        |
| DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use<br>name will not fit in line 1b, leave all of item 1 blank, check here | exact full name; do not omit, modify, or<br>and provide the Individual Debtor infor |                              |                                      |                                                  |                        |
| 1a. ORGANIZATION'S NAME                                                                                                                   |                                                                                     |                              |                                      |                                                  |                        |
| OR 1b. INDIVIDUAL'S SURNAME                                                                                                               | FIRST PERSONAL NAI                                                                  | ИE                           | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |                                                  |                        |
| West                                                                                                                                      | Duncan                                                                              |                              |                                      |                                                  |                        |
| 1c. MAILING ADDRESS 215 E HIGHLAND AVE                                                                                                    | CITY<br>MOUNT VERNON                                                                |                              | STATE<br>V <b>A</b>                  | POSTAL CODE<br>98273                             | COUNTRY                |
| 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 f | Debtor's nam                         | e); if any part of the Indiv                     |                        |
| name will not fit in line 2b, leave all of item 2 blank, check here                                                                       | and provide the Individual Debtor infor                                             | mation in item 10 of the Fin | ancing State                         | ment Addendum (Form U                            | JCC1Ad)                |
| 2a. ORGANIZATION'S NAME                                                                                                                   |                                                                                     |                              |                                      |                                                  |                        |
| OR 2b. INDIVIDUAL'S SURNAME                                                                                                               | FIRST PERSONAL NAM                                                                  | ИE                           | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |                                                  |                        |
| 2c. MAILING ADDRESS                                                                                                                       | CITY                                                                                | -                            | STATE                                | POSTAL CODE                                      | COUNTRY                |
|                                                                                                                                           |                                                                                     |                              |                                      |                                                  |                        |
| SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of<br>3a. ORGANIZATION'S NAME                                                            | ASSIGNOR SECURED PARTY): Pro                                                        | vide only one secured part   | ty name (3a d                        | or 3b)                                           |                        |
| Puget Sound Cooperative Credit Union                                                                                                      |                                                                                     |                              |                                      |                                                  |                        |
| OR 3b. INDIVIDUAL'S SURNAME                                                                                                               | FIRST PERSONAL NAM                                                                  | ИE .                         | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |                                                  |                        |
| 3c. MAILING ADDRESS                                                                                                                       | CITY                                                                                |                              | STATE POSTAL CODE COUNTRY            |                                                  | COLINTRY               |
| 11201 SE 8th Street, Suite 208                                                                                                            | BELLEVUE                                                                            |                              |                                      | 3004-6420                                        | USA                    |
|                                                                                                                                           |                                                                                     |                              |                                      |                                                  |                        |
| 4. COLLATERAL: This financing statement covers the following co                                                                           | llateral:                                                                           |                              |                                      |                                                  |                        |
| Fixtures and energy equipment, including                                                                                                  |                                                                                     |                              |                                      |                                                  | equipment,             |
| and after acquired equipment, installed a                                                                                                 | t 215 E HIGHLAND AVE MO                                                             | JNT VERNON, WA 98            | 3273-291:                            | L                                                |                        |
| LOT 11, BLOCK 2, "STORIE & CARPENTER'S AD PLATS, PAGE 58, RECORDS OF SKAGIT COUNTY,                                                       |                                                                                     | Γ VERNON," AS PER            | PLAT R                               | ECORDED IN VOLUM                                 | 1E 3 OF                |
|                                                                                                                                           | WASHINGTON.                                                                         |                              |                                      |                                                  |                        |
| Parcel No.: P54403, 3760-002-011-0015                                                                                                     |                                                                                     |                              |                                      |                                                  |                        |
|                                                                                                                                           |                                                                                     |                              |                                      |                                                  |                        |
|                                                                                                                                           |                                                                                     |                              |                                      |                                                  |                        |
|                                                                                                                                           |                                                                                     |                              |                                      |                                                  |                        |
|                                                                                                                                           | held in a Trust (see UCC1Ad, item 17 a                                              | 7 📅 🦞                        |                                      | d by a Deceden't Person                          |                        |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction  Manufactured-Home Tr                      | ansaction A Debtor is a Trasm                                                       |                              | eck <u>only</u> if a<br>Agricultura  | pplicable and check <u>only</u><br>at Lien Non-U | one box:<br>ICC Filing |
| 7. ALTERNATE DESIGNATION (if applicable): Lessee/Less                                                                                     | sor Consignee/Consignor                                                             | Seller/Buyer                 | Bailee/                              |                                                  | ee/Licensor            |
| 8. OPTIONAL FILER REFERENCE DATA<br>West 424                                                                                              |                                                                                     |                              |                                      |                                                  |                        |
| TET                                                                                                                                       |                                                                                     |                              |                                      |                                                  |                        |