## 202212190003

12/19/2022 08:34 AM Pages: 1 of 1 Fees: \$203.50

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)						
Require Real Estate Solutions, LLC						
5029 Corporate Woods Drive, Suite Virginia Beach, VA 23462	e 225					
		THE ABOVE	SPACE IS FOR	FILING OFFICE USE	DNLY	
	ct full name; do not omit, mo I provide the Individual Debt					
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME Sayler	FIRST PERSONA Kevin	FIRST PERSONAL NAME Kevin		ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS 1917 9TH ST	CITY ANACORTES		STATE WA	POSTAL CODE 98221	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac name will not fit in line 2b, leave all of item 2 blank, check here						
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME Sayler		FIRST PERSONAL NAME Corinne		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c. MAILING ADDRESS 1917 9TH ST	CITY ANACORTES		STATE WA	POSTAL CODE 98221	COUNTRY	
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASS	SIGNOR SECURED PARTY	): Provide only one sec	ured party name (3	a or 3b)		
3a.ORGANIZATION'S NAME Puget Sound Cooperative Credit Union						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	CITY BELLEVUE		STATE POSTAL CODE 98004-6420		COUNTRY	
COLLATERAL: This financing statement covers the following collater	ral:					
Fixtures and energy equipment, including but peripheral and associated equipment, and aft						
Lot 7, 8, 9 and 10, Block 169, "MAP OF THE ( Volume 2 of Plats, Page 4, records of Skagit State of Washington.	CITY OF ANACORTES	, SKAGIT COUNTY,	, WASHINGTON	," as per plat r	ecorded in	
Parcel No.: P56079/3772-169-010-0001						
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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)  6a. Check only if applicable and check only one box:			being administered by a Deceden't Personal Representative  6b. Check only if applicable and check only one box:			
Public-Finance Transaction Manufactured-Home Transaction	e Transaction A Debtor is a Trasmitting Utility			Agricultural Lien Non-UCC Filing		
ALTERNATE DESIGNATION (if applicable):  Lessee/Lessor  8. OPTIONAL FILER REFERENCE DATA	Consignee/Consign	or Seller/Bu	yer Baik	ee/Bailor Licens	ee/Licensor	
8. OPTIONAL FILER REFERENCE DATA Sayler714						

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