

**UCC FINANCING STATEMENT****FOLLOW INSTRUCTIONS**

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> 877-505-5400
<b>B. E-MAIL CONTACT AT FILER (optional)</b> recordings@gorequire.com
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>  Require Real Estate Solutions, LLC 5029 Corporate Woods Drive, Suite 225 Virginia Beach, VA 23462

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME McMullen	FIRST PERSONAL NAME Scott	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 2005 S 15th ST	CITY MOUNT VERNON	STATE WA	POSTAL CODE 98274	COUNTRY USA

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 Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. **SECURED PARTY'S NAME:** (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	CITY BELLEVUE	STATE WA	POSTAL CODE 98004-6420	COUNTRY USA

4. **COLLATERAL:** This financing statement covers the following collateral:

Fixtures and energy equipment, including but not limited to, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 2005 S 15th ST Mount Vernon, WA 98274

PARCEL "A": That portion of the Northwest $\frac{1}{4}$  of the Southeast $\frac{1}{4}$  of Section 29, Township 34 North, Range 4 East, W.M., described as follows: Beginning at a point on the East and West centerline of said Section 29, which is 198 feet East of the center of said Section; thence South to the South line (as it existed on February 21, 1953) of the road which runs East and West along said centerline, which is the true point of beginning of the tract herein described; thence East 60 feet; thence South 140 feet; thence West 60 feet; thence North 140 feet to the true point of beginning, EXCEPT the North 10 feet thereof conveyed to Skagit County for road. EXCEPT the North 70 feet thereof. Situate in the County of Skagit, State of Washington. PARCEL "B": Tract "C", "PLAT OF BLACKBURN RIDGE", as per plat recorded in Volume 16 of Plats, pages 206 through 208, inclusive, records of Skagit County, Washington. EXCEPT the North 70 feet thereof. Situate in the County of Skagit, State of Washington.

Parcel No.: P119735, 4708-000-050-0100

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA McMullen859	