## 202302170004

02/17/2023 08:33 AM Pages: 1 of 3 Fees: \$205.50

Skagit County Auditor, WA

B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and A	Address) 52514 - University Credit			
Lien Solutions P.O. Box 29071	91444756			
Glendale, CA 91209-9071	WAWA FIXTURE <sub>I</sub>			
File with: Skagit, W	A THE A	ABOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
BARRAZA	ANGELINA			
BARRAZA  MAILING ADDRESS  4941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbrevia	STATE WA ate any part of the Debto	POSTAL CODE 98257 r's name); if any part of the	COUNTRY  USA  Individual Det
BARRAZA  E. MAILING ADDRESS  14941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name	ANGELINA CITY LA CONNER	STATE WA ate any part of the Debto	POSTAL CODE 98257 r's name); if any part of the	COUNTRY  USA  Individual Det
BARRAZA  E. MAILING ADDRESS  14941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbrevia	STATE WA ate any part of the Debto m 10 of the Financing St	POSTAL CODE 98257 r's name); if any part of the	COUNTRY  USA  Individual Det
10. INDIVIDUAL'S SURNAME BARRAZA  E. MAILING ADDRESS  14941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che  2a. ORGANIZATION'S NAME	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbrevia	STATE WA ate any part of the Debto m 10 of the Financing St	POSTAL CODE 98257 r's name); if any part of the atement Addendum (Form	COUNTRY  USA Individual Det  UCC1Ad)
BARRAZA  : MAILING ADDRESS  4941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbreviack here and provide the Individual Debtor information in items for the provide the Individual Debtor information in items for the Individual Debtor information in it	STATE WA ate any part of the Debto m 10 of the Financing St  ADDITIO	POSTAL CODE 98257 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Del UCC1Ad)
BARRAZA  MAILING ADDRESS  4941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che  2a. ORGANIZATION'S NAME  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIC 3a. ORGANIZATION'S NAME University Credit Union	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbrevice where and provide the Individual Debtor information in items  FIRST PERSONAL NAME  CITY	STATE WA ate any part of the Debto m 10 of the Financing St  ADDITIO  STATE  ured Party name (3a or 3	POSTAL CODE 98257 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Det UCC1Ad)
BARRAZA  MAILING ADDRESS  4941 CHANNEL DR  DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIC 3a. ORGANIZATION'S NAME  University Credit Union	ANGELINA  CITY  LA CONNER  e (2a or 2b) (use exact, full name; do not omit, modify, or abbrevice where and provide the Individual Debtor information in items of	STATE WA ate any part of the Debto m 10 of the Financing St  ADDITIO  STATE  ured Party name (3a or 3	POSTAL CODE 98257 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY  USA Individual Det  UCC1Ad)  SUFFIX  COUNTRY

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Re	epresentative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:		
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filin	g	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	r Bailee/Bailor Licensee/L	icensor	
8. OPTIONAL FILER REFERENCE DATA:			
91444756 192716	4000		



AC System Size: 7.80 kW AC
DC SYSTEM SIZE: 11.52 kW DC
(24) HANWHA Q.PEAK DUO XL-G10.2 480 PV Modules
(24) ENPHASE IQ8M-72-2-US (240V) Inverters
RACKING: S-5 SOLARFOOT BRACKET - 48" O.C."

**UCC FINANCING STATEMENT** 

"EQUIPMENT:

## **UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9b. INDIVIDUAL'S SURNAME BARRAZA FIRST PERSONAL NAME **ANGELINA** ADDITIONAL NAME(S)INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11c. MAILING ADDRESS POSTAL CODE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest) Parcel ID: 4008-0000016-0006 "legalDescription: LOT:12 SEC/TWN/RNG/MER:SEC 13 TWN 34 RNG 02 (DR19) THAT PORTION OF TRACT E, PLAT OF SKAGIT BEACH NO. 1, AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 71. RECORDS OF SK [ See Exhibit for Real Estate ]

File with: Skagit, WA

192716 4000

University Credit Union

17. MISCELLANEOUS; 91444756-WA-57 62514 - University Credit Un



## **Exhibit for Real Estate**

16. Description of real estate: Continued

apn: 4008-000-016-0006 taxAccountNumber: P69432 municipalityTownship: La Conner

tractNumber: A legalLot: 12"

