202304060108

04/06/2023 12:06 PM 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	7					
P.O. Box 860						
Palm Harbor, FL 34682	,					
		THE ABOVE SI	PACE IS FOR	FILING OFFICE USE O	NLY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check here and prov 1a. ORGANIZATION'S NAME						
OR				ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
1b. INDIVIDUAL'S SURNAME Steele	FIRST PERSONAL NAME Charles		ADDITION	ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS 437 SPRING LN	CITY SEDRO WOOLLEY		STATE WA	POSTAL CODE 98284	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 Debtor's na	ame); if any part of the Indiv		
name will not fit in line 2b, leave all of item 2 blank, check here and prov 2a. ORGANIZATION'S NAME						
R 2D. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
Steele	Bernice					
2c. MAILING ADDRESS 437 SPRING LN	SEDRO WOOLLEY		WA	POSTAL CODE 98284	USA	
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME	OR SECURED PARTY):	Provide only one secure	d party name (3	a or 3b)		
Puget Sound Cooperative Credit Union						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
	DITY			DOLLAR LEGGERAL SORE		
3c.MAILING ADDRESS 11201 SE 8th Street, Suite 208	BELLEVUE			POSTAL CODE 98004-6420	USA	
4. COLLATERAL: This financing statement covers the following collateral:						
Fixtures and energy equipment, including but no peripheral and associated equipment, and after ac						
98284						
LOT 57, PLAT OF SPRING MEADOWS DIVISION NO. I PAGES 75 AND 76, RECORDS OF SKAGIT COUNTY, WASHIN		THE PLAT THEREC	JF KECOKDEI) IN VOLUME I/ OF	PLAIS,	
Parcel ID: P116091						
, di CG2 157						
E. Charle cally if applicable and about only one boy Callebrat in			L			
Check only if applicable and check only one box: Collateral is held in a feat Check only if applicable and check only one box:	n 17 and Instructions) being administered by a Deceden't Personal Representative 6b, Check only if applicable and check only one box					
Bublic-Finance Transaction Manufactured-Home Transaction	smitting Utility	b. Check <u>only</u> if		CC Filing		
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Baile	ee/Bailor License	e/Licensor	
8. OPTIONAL FILER REFERENCE DATA Steele555						