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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)							
Require Real Estate Solutions, LLC	\neg						
P.O. Box 860							
Palm Harbor, FL 34682	1.1						
		THE ABOVE SPACE IS F			FOR FILING OFFICE USE ONLY		
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and p 1a. ORGANIZATION'S NAME							
OR 1b. INDIVIDUAL'S SURNAME Apple	FIRST PERSONAL NAME Cody		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
1c. MAILING ADDRESS 24249 FEATHER LANE	SEDRO WOOLLEY		STATE WA	POSTAL CODE 98284	COUNTRY		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact		• • • • • • • • • • • • • • • • • • • •					
name will not fit in line 2b, leave all of item 2 blank, check here and p 2a. ORGANIZATION'S NAME	rovide the individual Debtor	information in item 10 of th	e Financing Stat	ement Addendum (Form C	CC1Ad)		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNEE	SNOR SECURED PARTY):	Provide only one secured	l party name (3a	or 3b)			
Puget Sound Cooperative Credit Union OR 3b.INDIVIDUAL'S SURNAME	CIDAT REPOSITI	NAME	LADONTIONAL NAME(CVINITIAL (C). LOUGOV				
35. INDIVIDUALS SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	CITY BELLEVUE			OSTAL CODE 8004-6420	COUNTRY		
COLLATERAL: This financing statement covers the following collateral							
Fixtures and energy equipment, including bu	t not limited to,				d		
equipment, and after acquired equipment, instal							
Lot 45, "EAGLE VALLEY P.U.D.," as per plat or records of Skagit County, Washington.	recorded in Volum	e 15 of Plats, pa	ages 181 th	rough 1 83, incl	usive,		
Parcel No.: 4632-000-045-0004/P106938							
5. Check only if applicable and check only one box: Collateral is held in 6a. Check only if applicable and check only one box:	a Trust (see UCC1Ad, item	T		ed by a Deceden't Persona applicable and check only	/		
Public-Finance Transaction Manufactured-Home Transact	asmitting Utility	o. Crieck <u>only</u> ir a		CC Filing			
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailes	/Bailor License	e/Licensor		
8. OPTIONAL FILER REFERENCE DATA Apple615				Ÿ			
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FILING OFFICE COPY – UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)