## 202305110118

05/11/2023 11:24 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

| UCC F   | FINANCING STATEMENT  |  |                             |               |                                      |            |  |
|---|--|--|-----------------------------|---------------|--------------------------------------|------------|--|
|   | VINSTRUCTIONS  |  | 1                           |               |                                      |            |  |
|   | E & PHONE OF CONTACT AT FILER (optional)  505-5400   |  |                             |               |                                      |            |  |
|   | IL CONTACT AT FILER (optional)   |  |                             |               |                                      |            |  |
|   | rdings@gorequire.com   |  |                             |               |                                      |            |  |
| C. SENI   | ACKNOWLEDGMENT TO: (Name and Address)  |  |                             |               |                                      |            |  |
|   | equire Real Estate Solutions, LLC  |  |                             |               |                                      |            |  |
| P.  | O. Box 860   |  |                             |               |                                      |            |  |
| l Pa  | alm Harbor, FL 34682   |  |                             |               |                                      |            |  |
| ΙL  |  |  | THE ABOVE SP                | ACE IS FOR    | FILING OFFICE USE O                  | NLY        |  |
| 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. I  | NDIVIDUAL'S SURNAME  | FIRST PERSON   | AL NAME                     | ADDITION      | NAL NAME(S)/INITIAL(S)               | SUFFIX     |  |
| Bro   | wn   | Kenneth  |                             |               |                                      |            |  |
|   | NG ADDRESS<br>HUCKANUT DRIVE   | CITY<br>BOW  |                             | STATE<br>WA   | POSTAL CODE<br>98232                 | COUNTRY    |  |
| 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. II   | NDIVIDUAL'S SURNAME  | FIRST PERSON   | AL NAME                     | ADDITION      | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |            |  |
| 2c. MAILI   | I MAILING ADDRESS CITY   |  | тү                          |               | POSTAL CODE                          | COUNTRY    |  |
|   | URED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR  | SECURED PARTY  | ): Provide only one secured | party name (3 | a or 3b)                             |            |  |
| 3a.ORGANIZATION'S NAME Puget Sound Cooperative Credit Union   |  |  |                             |               |                                      |            |  |
| - O   | NDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |                             |               |                                      | SUFFIX     |  |
|   |  |  |                             |               |                                      |            |  |
|   | NG ADDRESS<br>SE 8th Street, Suite 208   | BELLEVUE   |                             |               | POSTAL CODE<br>98004-6420            | COUNTRY    |  |
|   |  |  |                             |               |                                      |            |  |
| 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 8261 CHUCKANUT DRIVE BOW, WA 98232  |  |  |                             |               |                                      |            |  |
| LOT 1 OF SHORT PLAT NO. 20-85, APPROCED JULY 18, 1985, RECORDED AUGUST 22, 1985, IN BOOK 7 OF SHORT PLATS, PAGE 36, UNDER AUDITOR'S FILE NO. 8508220003, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND BEING A PORTION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 35 NORTH, RANGE 3 EAST, W.M., EXCEPT THE SOUTHERLY 60 FEET OF SAID LOT 1, AS MEASURED AT RIGHT ANGLES TO AND PARALLEL WITH THE SOUTHERLY BOUNDARY OF SAID LOT 1. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. |  |  |                             |               |                                      |            |  |
| Pano  | rel ID: P34303   |  |                             |               |                                      |            |  |
|   |  |  |                             |               |                                      |            |  |
| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Deceden't Personal Representative  |  |  |                             |               |                                      |            |  |
| 6a. Check only if applicable and check only one box  6b. Check only if applicable and check only one box  |  |  |                             |               |                                      |            |  |
|   | ublic-Finance Transaction Manufactured-Home Transaction  NATE DESIGNATION (if applicable): Lessel lessor |  | Trasmitting Utility         |               |                                      | CC Filing  |  |
|   | NATE DESIGNATION (IF applicable): Lessee/Lessor  | Consignee/Consign  | or Seller/Buyer             | Bail          | ee/Bailor License                    | e/Licensor |  |
| Brown9  |  |  |                             |               |                                      |            |  |