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06/23/2023 08:32 AM 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, LL	c □					
P.O. Box 860						
Palm Harbor, FL 34682						
		THE ABOVE SF	ACE IS FOR	FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exame will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME	-					
OR .						
1b. INDIVIDUAL'S SURNAME Redman	FIRST PERSONAL NA Jessica	FIRST PERSONAL NAME Jessica		ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS 1107 G AVE	CITY ANACORTES		STATE WA	POSTAL CODE 98221	COUNTRY	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use examame will not fit in line 2b, leave all of item 2 blank, check here an an an Organization's NAME						
OR 2b. INDIVIDUAL'S SURNAME Fournier	FIRST PERSONAL NA	FIRST PERSONAL NAME ISAAC		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c. MAILING ADDRESS 1107 G AVE	CITY ANACORTES		STATE WA	POSTAL CODE 98221	COUNTRY	
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of AS 3a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY): Pr	ovide only one secure	d party name (3a	or 3b)		
Puget Sound Cooperative Credit Union						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
3c. MAILING ADDRESS	CITY			STATE POSTAL CODE		
11201 SE 8th Street, Suite 208	BELLEVUE		WA 9	8004-6420	USA	
4. COLLATERAL: This financing statement covers the following collaboration of the fixtures and energy equipment, including but peripheral and associated equipment, and affectors 9 AND 10, BLOCK 1, "DAVIS' FIRST ADDIT RECORDED IN VOLUME 3 OF PLATSM PAGE 49, RECOUNTY OF SKAGIT, STATE OF WASHINGTON.	nt not limited to resi ter acquired equipmen TON TO THE CITY OF AN	t, installed a	at 1107 G / IT COUNTY,	WASHINGTON," AS	, WA 98221 PER PLAT	
Parcel ID: P57117						
5. Check only if applicable and check only one box: Collateral is hel	d in a Trust (see UCC1Ad, item 17	and Instructions)	being administer	ed by a Deceden't Person	nal Representative	
6a. Check only if applicable and check only one box:	nation A Dahas is a Tarrer			applicable and check onl	7	
Public-Finance Transaction Manufactured-Home Trans 7. ALTERNATE DESIGNATION (if applicable): Lessent essor			Agricultu		UCC Filing	
8. OPTIONAL FILER REFERENCE DATA Redman338	Consignee/Consignor	Seller/Buyer	Baile	e/Bailor Licens	see/Licensor	
EN INC AFFICE CARV. LICA FINANCINA STATEMENT (SAR	MU004) (D 04/00/44)					