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07/20/2023 12:18 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 S	PACE IS FOR I	FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and and the control of the contr	•	r abbreviate any part o	of the Debtor's na	me); if any part of the Inc	dividual Debtor's
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME Varrelman	FIRST PERSONAL NA Martin	FIRST PERSONAL NAME Martin		ADDITIONAL NAME(S)/INITIAL(S)	
1c. Mailling address 3908 W 4TH ST	CITY ANACORTES		STATE WA	POSTAL CODE 98221	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exac	t full name; do not omit, modify. o	r abbreviate any part o	of the Debtor's na	me); if any part of the Inc	
name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASS	SIGNOR SECURED PARTY): Pr	ovide only one secure	d nady name (3s	or 3b)	
3a. ORGANIZATION'S NAME	NONOR OLD ONED FARTY. 11	ovide only one occurre	a party namo (se	101 00)	
Puget Sound Cooperative Credit Union OR 3b, INDIVIDUAL'S SURNAME	CIDAT DEDAONAL MA	145	ADDITION	AL BIARGO BUTIAL (C)	Toursey.
3D. INDIVIDUAL'S SURVAME	FIRST PERSONAL NA	AL NAME ADDITION		AL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
11201 SE 8th Street, Suite 208	BELLEVUE		WA 9	98004-6420	USA
	-1.				
4. COLLATERAL: This financing statement covers the following collater					
Fixtures and energy equipment, including but and after acquired equipment, installed at 3			peripheral	l and associate	d equipment,
THE WEST 6.65 FEET OF LOT 15, ALL OF LOT 19 ADDITION TO ANACORTES, ACCORDING TO THE PLAT SKAGIT COUNTY, WASHINGTON. SITUATE IN SKAGIT	THEREOF RECORDED IN				
Parcel ID: P58321					
al Cel 15. 150521					
<u>_</u>					
_	in a Trust (see UCC1Ad, item 17		•	ed by a Deceden't Perso	
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transa	action A Debtor is a Trasm		b. Check <u>only</u> if Agricultu	applicable and check on	ly one box: -UCC Filing
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye			see/Licensor
8. OPTIONAL FILER REFERENCE DATA Varrelman293					
EN ING OFFICE CORV. LICC SINANGING STATEMENT (FORM	U1004) (D 042044)				