



202311170026

11/17/2023 10:48 AM Pages: 1 of 1 Fees: \$203.50
Skagit County Auditor

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Brandee Belknap 360-685-4124
B. E-MAIL CONTACT AT FILER (optional) bbelknap@northcoastcu.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) North Coast Credit Union 1100 Dupont Street Bellingham, WA 98225

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. 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. INDIVIDUAL'S SURNAME Gonzalez	FIRST PERSONAL NAME Jerardo	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 22296 Cully Rd	CITY Sedro Woolley	STATE WA	POSTAL CODE 98284
		COUNTRY USA	

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 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. INDIVIDUAL'S SURNAME	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 ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME North Coast Credit Union			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1100 Dupont Street	CITY Bellingham	STATE WA	POSTAL CODE 98225
		COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

Install of new Malarkey Composition Roof

P36604-350414-2-004-0001

2007 SKYLINE 68X42 S/N 2T910590VABC; TRACT A OF SKAGIT COUNTY SHORT PLAT NUMBER 36-76 BEING A PORTION OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER, SECTION 14, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.

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 Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: