

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

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| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400 |
| B. E-MAIL CONTACT AT SUBMITTER (optional) recordings@gorequire.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> reQuire Real Estate Solutions, LLC P.O. Box 860 Palm Harbor, FL 34682 </div> |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

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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)

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|--|-------------------------------|-------------------------------|----------------------|----------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 1b. INDIVIDUAL'S SURNAME SHROCK | FIRST PERSONAL NAME JAYSON | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 21452 STARBIRD ROAD | CITY MOUNT VERNON | STATE WA | POSTAL CODE 98274 | 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)

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|--------------------------|---------------------|-------------------------------|-------------|---------|
| 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 Puget Sound Cooperative Credit Union | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208 | CITY BELLEVUE | STATE WA | POSTAL CODE 98004-6420 | COUNTRY USA |

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 21452 STARBIRD ROAD MOUNT VERNON, WA 98274

Tract 4, of that certain 5 acre Parcel Subdivision No. 501-80, entitle, "FREMALI'S COUNTRY ESTATES" approved September 24, 1980 and filed September 25, 1980, under Auditor's File No. 8009250045 in Volume 4 of Short Plats, pages 179 and 180, records of Skagit County, Washington; being a portion of Section 34, Township 33 North, Range 4 East, W.M.

Parcel No.: P17765

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| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |

8. OPTIONAL FILER REFERENCE DATA:
SHROCK767