

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div>Craft3 PO Box 530233 Atlanta, GA 30353-0233</div>

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Guzman	Jorge	Luis		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
6489 State Route 9	Sedro-Woolley	WA	98284	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
Guzman	Meika	Don		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
6489 State Route 9	Sedro-Woolley	WA	98284	USA

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				
	Craft3			
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
42 7th Street, Suite 100	Astoria	OR	97103	USA

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

Septic system repair or replacement at 6489 State Route 9, Sedro-Woolley, WA 98284

Abbreviated Legal Description: (2.0000 AC) THAT PORTION OF GOVERNMENT LOT 5, SECTION 6, TOWNSHIP 35 NORTH, RANGE 5 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE SOUTH LINE OF SAID GOVERNMENT LOT 5 WITH THE EAST LINE OF STATE HIGHWAY NO. 1-A; THENCE EAST ALONG THE SOUTH LINE OF SAID GOVERNMENT LOT, 528 FEET; THENCE NORTH 165 FEET; THENCE WEST TO THE EAST LINE OF SAID HIGHWAY; THENCE SOUTH TO THE POINT OF BEGINNING.

Assessor's Parcel Number: P38524

Township-Range-Section: 35-5E-06

Full legal description on page 3.

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	<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/Licensor	
8. OPTIONAL FILER REFERENCE DATA: SP-27274	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Guzman

FIRST PERSONAL NAME

Jorge

ADDITIONAL NAME(S)/INITIAL(S)

Luis

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Exhibit A.

17. MISCELLANEOUS:

EXHIBIT "A"
Legal Description

Parcel "A" (P38524 / 350506-0-024-0000):

That portion of Government Lot 5, Section 6, Township 35 North, Range 5 East, W.M., described as follows:

Beginning at the intersection of the South line of said Government Lot 5 with the East line of State Highway No. 1-A; thence East along the South line of said Government Lot, 528 feet; thence North 165 feet; thence West to the East line of said highway; thence South to the point of beginning.

Situate in the County of Skagit, State of Washington.

Parcel "B" (P38511 / 350506-0-019-0106):

The North 30 feet of Government Lot 6 of Section 6, Township 35 North, Range 5 East, W.M.; EXCEPTING therefrom the East 254.6 feet; ALSO EXCEPT the right-of-way for State Highway along the West line thereof.

Situate in the County of Skagit, State of Washington.