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02/29/2024 11:10 AM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) TIERNEY MORRELL 800-258-3115 X5225 |
| B. E-MAIL CONTACT AT FILER (optional) LOANSUPPORTSERVICES@TWINSTARCU.COM |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) TWINSTAR CREDIT UNION PO BOX 718 OLYMPIA, WA 98507 |

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 CASTRO | FIRST PERSONAL NAME LOUIS | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 315 HAINES STREET | 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 TWINSTAR CREDIT UNION | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS PO BOX 718 | CITY OLYMPIA | STATE WA | POSTAL CODE 98507 | COUNTRY USA |

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

**ANDGAR MECHANICAL, LLC
HEAT PUMP INSTALL PER INVOICE #: 10002800,
DATED: 02/21/2024**

PARCEL NUMBER: P76761

ALL THAT PORTION OF LOTS 7, 8 AND 9, BLOCK 22, REPLAT OF JUNCTION TO SEDRO, RECORDED IN VOLUME 3 OF PLATS, PAGE 48, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT 35 FEET EAST OF THE SOUTHWEST CORNER OF LOT 9; THENCE NORTH 28 FEET, MORE OR LESS, TO A LINE RUNNING FROM THE SOUTHWEST CORNER OF SAID LOT 9 TO THE NORTHEAST CORNER OF SAID LOT 7; THENCE NORTHEASTERLY ALONG SAID LINE, A DISTANCE OF 51 FEET, MORE OR LESS, TO A LINE WHICH IS 45 FEET WEST OF AND PARALLEL TO THE EAST LINE OF SAID LOTS; THENCE NORTH TO THE INTERSECTION WITH THE NORTH LINE OF LOT 7, SAID POINT BEING 45 FEET WEST OF THE NORTHEAST CORNER OF SAID LOT 7.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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 <input type="checkbox"/> | |
| 9a. ORGANIZATION'S NAME | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME CASTRO | |
| FIRST PERSONAL NAME LOUIS | |
| ADDITIONAL NAME(S)/INITIAL(S) | 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):

**CASTRO, LOUIS
315 HAINES STREET
SEDRO-WOOLLEY, WA 98284**

16. Description of real estate:

PARCEL NUMBER: P76761 ALL THAT PORTION OF LOTS 7, 8 AND 9, BLOCK 22, REPLAT OF JUNCTION TO SEDRO, RECORDED IN VOLUME 3 OF PLATS, PAGE 48, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT 35 FEET EAST OF THE SOUTHWEST CORNER OF LOT 9; THENCE NORTH 28 FEET, MORE OR LESS, TO A LINE RUNNING FROM THE SOUTHWEST CORNER OF SAID LOT 9 TO THE NORTHEAST CORNER OF SAID LOT 7; THENCE NORTHEASTERLY ALONG SAID LINE, A DISTANCE OF 51 FEET MORE OR LESS.

17. MISCELLANEOUS: