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

UCC FINANCING STATEMENT  TOLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER (epideral)  TERNEY MORKELL 800-258-3115 X5225  E-MAIL CONTACT AT FILER (epideral)  LOANSUPPORT SERVICES(g) TWINSTARCU.COM  SEND ACKNOWLEGGREET TO. (Many and Address)  TWINSTAR CREDIT UNION PO BOX 718  OLYMPIA, WA 98507  1-1DEBTORS NAME: Provide only gag Delibor name (to or 10) leas award, for name, do not out life, the advancible are yes of the Delabor name/full file of the Plancing Statement Address)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1-1DEBTORS NAME: Provide only gag Delibor name (to or 10) leas award, for name, core out limiting to the Plancing Statement Address on Transa will not it to be, fuew at of the 10 blank, check hore   and provide the individual Cabet information in lam 10 of the Plancing Statement Address of Many and Address on Transa will not it to be, fuew at of the 10 blank, check hore   and provide the individual Cabet information in lam 10 of the Plancing Statement Address of Many and Address on Transa will not be to be, fuew at a file of blank, check hore   and provide the individual Cabet information in lam 10 of the Plancing Statement Address of Many and				
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LOANSUPPORTSREVICES@ITWINSTARCU.COM  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  TWINSTAR CREDIT UNION PO BOX 718 OLYMPIA, WA 98507	A. NAME & PHONE OF CONTACT AT FILER (optional)			
TWINSTAR CREDIT UNION PO BOX 718  1. DEBTOR'S NAME: Provide only and Date name (to or 10) (use exact, full memor, do not such, modify nor abbreviate any part of the Date or American Configuration of the Planning Blatiment Addressing Configuration of the Research Configuration of the Planning Blatiment Addressing Configuration of the Planning Blatiment Addressing Configuration of the Research Configuration of the Planning Blatiment Addressing Configuration of the Research Configuration of the Planning Blatiment Addressing Configuration of the Research Configuration of th		U.COM		
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315 HAINES STREET  SEDRO-WOOLLEY  WA 98284  USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use search, full name); do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name with not in line 2b, law all of liem 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ag)  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  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  TWINDSTAR CREDIT UNION  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  TWINDSTAR CREDIT UNION  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  OLYMPIA  OLYMPIA  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  OLYMPIA  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  PO BOX 718  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  PO BOX 718  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  PO BOX 718  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  DO STATE  COLVER OF STATE  COLVER OF STATE  COLVER OF STATE  POSTAL CODE  COUNTRY  CITY  STATE  POSTAL CODE  COUNTRY  PO BOX 718  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  SUFFIX  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  DO STATE  COLVER OF	CASTRO	LOUIS		
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22. INDIVIDUAL'S SURNAME  22. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only and Secured Party name (3a or 3b)  35. DORGANIZATION'S NAME  TWINSTAR CREDIT UNION  OR  36. DORGANIZATION'S NAME  TWINSTAR CREDIT UNION  OR  37. DORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SJINITIAL(S))  SUFFIX  STATE  POSTAL CODE  COUNTRY  WA  98507  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, PACE 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  SAID LOT 9 TO THE NORTHEAS'T 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 gaby if applicable and check gaby one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)heing administered by a Decedent's Personal Representative  60. Check gaby if applicable and check gaby one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)heing administered by a Decedent's Personal Representative  60. Check gaby if applicable and check gaby one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)heing administered by a Decedent's Personal Representative  60. Check gaby if applicable and check gaby one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)heing administered by a Decedent's Personal Representative  60. Check gaby if applicable and check gaby one box: Collateral isheld in a Trust				
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3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)    Sa. ORGANIZATION'S NAME   TWINSTAR CREDIT UNION	OR Zb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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TWINSTAR CREDIT UNION    State	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	OR SECURED PARTY): Provide only one Secured Party	name (3a or 3b)	
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Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing  7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seiler/Buyer Bailee/Bailor Licensee/Licensor	5. Check only if applicable and check only one box: Collateral is held in	a Trust (see UCC1Ad, item 17 and Instructions)	eing administered by a Decedent's Person	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Ballee/Ballor Licensee/Licensor				
	8. OPTIONAL FILER REFERENCE DATA:	constitutive		

## 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 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) 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS 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 PARCEL NUMBER: P76761 ALL THAT PORTION OF LOTS 7, 8 AND 9, BLOCK 22, REPLAT OF JUNCTION TO SEDRO, **CASTRO, LOUIS** RECORDED IN VOLUME 3 OF PLATS, PAGE 48, RECORDS OF 315 HAINES STREET SKAGIT COUNTY, WASHINGTON, LYING WESTERLY OF **SEDRO-WOOLLEY, WA 98284** 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: