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04/03/2024 01:41 PM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

4-4-4-4

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2799 45883 CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Washington (Skagit)			
SEE BELOW FOR SECURED PARTY CONTACT I	NEORMATION	DOVE CDACE IC EC	D FILING OFFICE USE	OM V
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	and provide the Individual Debtor information in item 10 o			
1a. ORGANIZATION'S NAME				
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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OWITA	1110110210			
:. MAILING ADDRESS 490 SPRING LANE	SEDRO-WOOLLEY	STATE WA	POSTAL CODE 98284	USA
c. MAILING ADDRESS 490 SPRING LANE DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use only one Debtor name)	SEDRO-WOOLLEY exact, full name; do not omit, modify, or abbreviate any	part of the Debtor's nar	98284 ne); if any part of the Individua	USA
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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:	6b. Check only if applicable and check only one box:
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 Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 5152756170 OMTA (DEBTOR)	2799 4588

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 **OMTA** FIRST PERSONAL NAME **NICHOLAS** 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS 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: is filed as a fixture filing covers timber to be cut covers as-extracted collateral 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 LOT 15. PLAT OF SPRING MEADOWS - DIV I. ACCORDING TO THE PLAT THEREOF. RECORDED IN VOLUME 17 OF PLATS. PAGES 65 AND 66. RECORDS OF SKAGIT COUNTY. WASHINGTON. 17. MISCELLANEOUS: FIXTURE FILING

SECURED PARTY COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 07/01/23)

UCC FINANCING STATEMENT ADDENDUM