

**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
	Silva	Daniel	Alaniz	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
18527 Peter Johnson Rd	Mount Vernon	WA	98273	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
	Silva	Alicia		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
18527 Peter Johnson Rd	Mount Vernon	WA	98273	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 18527 Peter Johnson Rd, Mount Vernon, WA 98273

Abbreviated Legal Description: (0.9300 AC) DR 17: DK 3: THE WEST 142 FEET OF THE SOUTH 154 FEET OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., EXCEPT THE COUNTY ROAD ALONG THE SOUTH SIDE THEREOF KNOWN AS PETER JOHNSON ROAD; AND EXCEPT RIGHT OF WAY FOR DRAINAGE DISTRICT NO. 17 AS ACQUIRED BY LAW UNDER SKAGIT COUNTY COURT CASE 17539. TOGETHER WITH THAT PORTION OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SAID SECTION 7, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 20 FEET EAST AND 154 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SUBDIVISION, THENCE NORTH 1-43-19 EAST, PARALLEL TO THE WEST LINE OF SAID SUBDIVISION, A DISTANCE OF 178.52 FEET; THENCE SOUTH 88-13-23 EAST, PARALLEL WITH THE SOUTH LINE OF SAID SUBDIVISION, A

Assessor's Parcel Number: P16483

Township-Range-Section: 33-4E-07

Full legal description on page 2.

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: SP-28208 DO NOT ADD	

**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

Silva

FIRST PERSONAL NAME

Daniel

ADDITIONAL NAME(S)/INITIAL(S)

Alaniz

SUFFIX

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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:

The west 142.00 feet of the south 154 feet of the southwest? of the southeast 1/4 of Section 7, Township 33 North, Range 4 East, W.M., except the county road along the south side thereof known as Johnson Road; and except right of way for Drainage District No. 17, as acquired by law under Skagit County Court Case 17539. Situate in the County of Skagit, State of Washington.

17. MISCELLANEOUS: