202408190030 08/19/2024 10:58 AM Pages: 1 of 2 Fees: \$304 50

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | | | | |
|---|--|-------------------|------------------------------------|------------------------|
| A NAME & PHONE OF CONTACT AT SUBMITTER (optional) TIERNEY MORRELL 800-258-3115 X4455 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) LOANSUPPORTSERVICES@TWINSTAR(| CU.COM | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| TWINSTAR CREDIT UNION PO BOX 718 OLYMPIA, WA 98507 | | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMAT | | | | |
| DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exect, full na | THE ABOVE SP. | | R FILING OFFICE USE (| |
| not fit in line 1b, leave all of item 1 blank, check here and provide 1 1a. ORGANIZATION'S NAME | the individual Debtor Information in Item 10 of the Financ | ing Statemen | t Addendum (Form UCC1Ad) | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | Annimo | (A) MANAGONANTIAL (O) | louern |
| MCILMOYLE | SEAN | ADDITIO | VÁL NAME(S)/INITIAL(S) | SUFFIX |
| 10. MAILING ADDRESS 3905 I AVENUE | ANACORTES | WA | POSTAL CODE 98221 | USA |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full ne not fit in line 2b, leave all of item 2 blank, check here and provide to the control of | me; do not omit, modify, or abbreviate any part of the l the Individual Debtor Information in Item 10 of the Financia | Debtor's nam | te); if any part of the Individual | Debtor's name will |
| 2a. ORGANIZATION'S NAME | | | | |
| OR 25. INDIVIDUAL'S SURNAME | | | | |
| 20. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITION | VAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | СПУ | STATE | POSTAL CODE | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR | ED PARTY): Provide only one Secured Party name (3 | 3a or 3h) | | 100/1 |
| 38. CRGANIZATION'S NAME TWINSTAR CREDIT UNION | | <u></u> -, | | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | IADDITION | NAL NAME(SVINITIAL(S) | SUFFIX |
| | | | _(0) | JOSIT IX |
| 3c. MAILING ADDRESS PO BOX 718 | OLYMPIA | STATE | 98507 | USA |
| 4. COLLATERAL: This financing statement covers the following collateral: | | 177. | | 30/1 |
| | | | | |
| ANDGAR MECHANICAL, LLC FURNACE REPLACMENT PER INVOICE DATED: 08/07/2024 | #: 10002937, | | | |
| PARCEL NUMBER: P115931 (0.1800 AC) LOT 7, PLAT OF ROSEWIND SEPTEMBER 30, 1999, UNDER AUDITO | O SUBDIVISON, AS PER P | LAT R | ECORDED OF | N KACIT |
| COUNTY, WASHINGTON. | | ٠, ١٠ـ | CORDO OF G | IVACII |
| EXCISE NUMBER: 20062302, DATED: 4/AUDITOR FILE NUMBER: 200605120120 | 25/2006 | | | |
| | | _ | ed by a Decedent's Personal I | |
| 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction | A Debtor is a Transmitting Utility | | applicable and check only one | |
| | Consignee/Consignor Seller/Buyer | Agricultu Bail | | Filing see/Licensor |
| | | | | |

| Sa. ORGANIZATION'S NAME Sb. INDIVIDUAL'S SURNAME MCILMOYLE FIRST PERSONAL NAME SEAN ADDITIONAL NAME(S)/INITIAL(S) DEBTOR'S NAME: Provide (100 or 10b) only gag additional Debtor name or Debtor name that did not fil in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not cmit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in Bine 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) BC. MAILING ADDRESS CITY STATE POSTAL CODE COUNT 11. ADDITIONAL SECURED PARTY'S NAME IT ASSIGNOR SECURED PARTY'S NAME: Provide only gag name (11a or 11b) 11a. ORGANIZATION'S NAME RITTLE POSTAL CODE FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | AGC. | IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lines Individual Debtor name did not fit, check here | ne 1b was left blank | 1 | | | |
|--|----------------------------|---|--|---|--|---|--------------------|
| STATE POSTAL CODE COUNT | | · | | [| | | |
| STATE POSTAL CODE COUNT | | | | İ | | | |
| SEAN ADDITIONAL NAME(SYNITIAL(S) DEBTOR'S NAME: Provide (10's or 10's) only grig additional Debtor name or Debtor name but did not £1 in line 16 or 26 of the Fineroing Statement (Form UCC1) (use exact, full name) and enter the mailing address in line 10c D. DEBTOR'S NAME: Provide (10's or 10's) only grig additional Debtor name or De | R | | | 1 | | | |
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| do not contin, modify, or abbreviate any part of the Debter's name) and enter the mailing address in time 10c 10b. ORGANIZATION'S NAME | _ | DERTOR'S NAME: Drovide (100 or 10h) only one additional Politics and a second |) abda | | | | |
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