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09/25/2024 09:40 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

OLLOW INSTRUCTIONS					
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)					
2934 88558 CSC	\neg				
801 Adlai Stevenson Drive Springfield, IL 62703 F	Filed In: Washington (Skagit)				
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION	THE AROVE	SPACE IS EC	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e) not fit in line 1b, leave all of item 1 blank, check here are	xact, full name; do not omit, modify nd provide the Individual Debtor info	or abbreviate any part of	the Debtor's nar	ne); if any part of the Individua	
18. URGANIZATION S NAIVIE					
R 1b. INDIVIDUAL'S SURNAME MARTIN	FIRST PERSONAL N	FIRST PERSONAL NAME MICHAEL		ADDITIONAL NAME(S)/INITIAL(S)	
mailing address 24206 Feather Lane	Sedro-Woolle	∍y	STATE WA	POSTAL CODE 98284	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex not fit in line 2b, leave all of item 2 blank, check here	cact, full name; do not omit, modify, nd provide the Individual Debtor info				Debtor's name
2a. ORGANIZATION'S NAME					
R 2b. INDIVIDUAL'S SURNAME FINDLEY	FIRST PERSONAL N	FIRST PERSONAL NAME JAIMIE		ADDITIONAL NAME(S)/INITIAL(S)	
: MAILING ADDRESS 24206 Feather Lane	CITY Sedro-Wooll	ey	STATE	POSTAL CODE 98284	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO		nly one Secured Party nar	me (3a or 3b)	•	
3a. ORGANIZATION'S NAME 1st Security Bank of Was	shington				
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
			STATE	POSTAL CODE	COUNTRY
:: MAILING ADDRESS P. O. Box 97000	Lynnwood		WA	98046	USA
COLLATERAL: This financing statement covers the following collateral: Vindows IPN: P106905 egal: Lot 14, "EAGLE VALLEY P.U.D.," as pe	Lynnwood er plat recorded in Vo		s, pages 1		
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FILING OFFICE COPY = UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

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 MARTIN FIRST PERSONAL NAME **MICHAEL** 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 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 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 APN: P106905 Legal: Lot 14, "EAGLE VALLEY P.U.D.," as per plat recorded in Volume 15 of Plats, pages 181 through 183, inclusive, records of Skagit County, Washington. Situate in the County of Skagit, State of Washington.

17. MISCELLANEOUS: