

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Pinnacle Finance LLC 877-249-5119	
B. E-MAIL CONTACT AT SUBMITTER (optional) customerservice@pinnaclefinance.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Pinnacle Finance LLC 15030 N. Hayden Rd., Suite 100 Scottsdale, AZ 85260</div>	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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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 ISAACSON	FIRST PERSONAL NAME BETTY	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1129 Fidalgo Drive	CITY BURLINGTON	STATE WA	POSTAL CODE 98233	COUNTRY

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
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 Pinnacle Finance LLC				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 15030 N Hayden Rd., Suite 100	CITY Scottsdale	STATE AZ	POSTAL CODE 85260	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:

Independent Home - Walk-in Tub

Legal Description: (0.1100 AC)(DK12) UNIT 77, FOURTH AMENDMENT TO THE CEDARS, A CONDOMINIUM, AS PER SURVEY MAP AND PLANS APPROVED AUGUST 22, 2000 AND RECORDED ON AUGUST 24, 2000, UNDER AUDITOR'S FILE NO. 200008240076 AND AS IDENTIFIED IN THAT CERTAIN AMENDED AND RESTATED DECLARATION THEREOF RECORDED FEBRUARY 5, 1998, UNDER AUDITOR'S FILE NO. 9802050054 AND ANY AMENDMENTS THERETO, RECORDS OF SKAGIT COUNTY, WASHINGTON.

County: SKAGIT, WA APN: P117136 Census Tract / Block: 9517.00 / 2 Alternate APN:

47590000770000 Township-Range-Sect: 34-4E-05 Subdivision: CEDARS CONDO 04 AMD

Legal Book/Page: Map Reference: 34N-04E-05-SE / 04E-34N-05-S Legal Lot: 77 Tract #:

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 checked="" type="radio"/> Lessee/Lessor <input type="radio"/> Consignee/Consignor <input type="radio"/> Seller/Buyer <input type="radio"/> Bailee/Bailor <input type="radio"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: 1-46522-1 MC	

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

ISAACSON

FIRST PERSONAL NAME

BETTY

ADDITIONAL NAME(S)/INITIAL(S)

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

BURLINGTON

WA

98233

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:  
Legal Description: (0.1100 AC)(DK12) UNIT 77, FOURTH AMENDMENT TO THE CEDARS, A CONDOMINIUM, AS PER SURVEY MAP AND PLANS APPROVED AUGUST 22, 2000 AND RECORDED ON AUGUST 24, 2000, UNDER AUDITOR'S FILE NO. 200008240076 AND AS IDENTIFIED IN THAT CERTAIN AMENDED AND RESTATED DECLARATION THEREOF RECORDED FEBRUARY 5, 1998, UNDER AUDITOR'S FILE NO. 9802050054 AND ANY AMENDMENTS THERETO, RECORDS OF OKANOGA COUNTY, WASHINGTON

17. MISCELLANEOUS: