202506300002

06/30/2025 08:32 AM Pages: 1 of 6 Fees: \$308.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT

FOLLOW 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)					
3165 04230 CSC	\neg				
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: V	Vashington (Skagit)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI	· <u>-</u>	THE ABOVE SPAC	CE IS FO	R FILING OFFICE USE (ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full nam not fit in line 1b, leave all of item 1 blank, check here and provide the state of the st		or abbreviate any part of the Demation in item 10 of the Financing			Debtor's name will
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME MCLAUGHLIN	FIRST PERSONAL NA	AME	ADDITION L	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 6720 HILINE LN	ANACORTES	3	STATE	POSTAL CODE 98221	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full nan not fit in line 2b, leave all of item 2 blank, check here and provide the state of the st		or abbreviate any part of the De mation in item 10 of the Financing			Debtor's name will
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	A	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	ED PARTY): Provide or	ly one Secured Party name (3a	or 3b)	I	
3a. ORGANIZATION'S NAME FIFTH THIRD BANK, NATIONA	L ASSOCIATI	ON			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 38 FOUNTAIN SQUARE PLAZA 1MOBA5	CINCINNATI		STATE OH	POSTAL CODE 45263	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: PIN: 350231-1-012-0004					
THE FOLLOWING DESCRIBED REAL ESTATE, SIT	UATED IN TH	E COUNTY OF SK	AGIT,	STATE OF WAS	HINGTON
THE EAST 324.38 FEET OF THE NORTH 1/2 OF TH 1/4 OF SECTION 31, TOWNSHIP 35 NORTH, RANG			VEST /	1/4 OF THE NOR	THEAST

TOGETHER WITH THE EAST 324.38 FEET OF THE SOUTH 2 FEET OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SAID SECTION 31.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER AND ACROSS THE FOLLOWING DESCRIBED TRACT:

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 Selle	er/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	3165 04230

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 MCLAUGHLIN FIRST PERSONAL NAME **ANDREW** 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 STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): THE NORTH 60 FEET OF THE FOLLOWING DESCRIBED REAL PROPERTY: THE NORTH 38 FEET OF THE 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 AND THE SOUTH 62 FEET OF THE NORTH 1/2 OF SAID SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 35 NORTH, RANGE 2 EAST, W.M., EXCEPT THE WEST 15 FEET THEREOF CONVEYED TO SKAGIT COUNTY FOR ROAD PURPOSES BY DEED 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 16. Description of real estate (if Debtor does not have a record interes ANDREW MCLAUGHLIN THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON 6720 HILINE LN ANACORTES, WA 98221 THE EAST 324.38 FEET OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 35 NORTH, RANGE 2 EAST, W.M. TOGETHER WITH THE EAST 324.38 FEET OF THE SOUTH 2 FEET OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF THE 17. MISCELLANEOUS:

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 MCLAUGHLIN FIRST PERSONAL NAME **ANDREW** 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 STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): RECORDED NOVEMBER 4, 1932, UNDER AUDITOR'S FILE NO. 253481, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. 6720 HILINE LN, ANACORTES, WA 98221 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: NORTHEAST 1/4 OF SAID SECTION 31. TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES OVER AND ACROSS THE FOLLOWING DESCRIBED TRACT: THE NORTH 60 FEET OF THE FOLLOWING DESCRIBED REAL PROPERTY: 17. MISCELLANEOUS:

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

UCC FINANCING STATEMENT ADDENDUM

UCC FINANCING STATEMENT ADDENT FOLLOW INSTRUCTIONS	IDUM					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	atement; if line 1b was	left blank]			
9a. ORGANIZATION'S NAME						
OD						
OR 9b. INDIVIDUAL'S SURNAME MCLAUGHLIN						
FIRST PERSONAL NAME						
ANDREW ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
L			THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en a load or company of the Debtor's name and en a load or company or c			e 1b or 2b of the Financ	ing Statem	ent (Form UCC1) (use exact,	full 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 11a. ORGANIZATION'S NAME	ASSIGNOR SE	CURED PARTY'	S NAME: Provide on	ly <u>one</u> nam	le (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
The collateral described below is located at the AND INTEREST IN PHOTOVOLTAIC SOLAR ROOFTOP SOLAR PANELS ELECTRICAL I EQUIPMENT MONITORING EQUIPMENT S IN ADDITION THE SECURITY INTEREST IN	R ENERGY E NVERTERS MART METE NCLUDES AL	QUIPMENT (CABLES AND RS AND ADD	IF ANY) INCL WIRES SUP DITIONS OR F	UDING PORT REPLA	G BUT NOT LIMIT BRACKETS REL CEMENTS OF TH	TED TO .ATED HE SAME.
13. This FINANCING STATEMENT is to be filed [for record] (or recorde REAL ESTATE RECORDS (if applicable)	ed) in the 14. Th	is FINANCING STATE		extracted o	ollateral 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):		Scription of real estate: NORTH 38 F JTHWEST 1/4 T OF THE NORTHEAST 1/4	EET OF THE OF THE NOI ORTH 1/2 OF OF SECTION	SOUT	FH 1/2 OF THE AST 1/4 AND THE SOUTHWEST 1/4 OWNSHIP 35 NO	SOUTH OF THE
17. MISCELLANEOUS:	EXC SKA	GIT COUNTY	T THE WEST 15 FEET THEREOF CONVEYED TO COUNTY FOR ROAD PURPOSES BY DEED DED NOVEMBER 4, 1932, UNDER AUDITOR'S FILE N			
17. IVIIOGELLANEOUS:						

Oc. MAILING ADDRESS CITY STATE POSTAL CODE CO 1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SU		ing Statement; if line 1b was left blank	•			
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do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c Tob. ORGANIZATION'S NAME	L		THE A	BOVE SPACE I	S FOR FILING OFFICE	USE ONLY
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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 **MCLAUGHLIN** FIRST PERSONAL NAME **ANDREW** 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): RECORDS. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 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 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM