

**202507210001**07/21/2025 08:31 AM Pages: 1 of 1 Fees: \$303.50  
Skagit County Auditor**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

|                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>Trena Hammer 360-385-4081                                             |  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>THammer@northcoastcu.com                                                       |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>North Coast Credit Union<br>1100 Dupont Street<br>Bellingham, WA 98225 |  |

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 |
|                         | Floyd                    | Lesa                |                                      |
| 1c. MAILING ADDRESS     | CITY                     | STATE               | POSTAL CODE COUNTRY                  |
| 14678 Hoxie Ln          | Anacortes                | WA                  | 98221-8336 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 |
|                         |                          |                     |                                      |
| 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 |                          |                     |                                      |
| OR                      | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
|                         | North Coast Credit Union |                     |                                      |
| 3c. MAILING ADDRESS     | CITY                     | STATE               | POSTAL CODE COUNTRY                  |
| 1100 Dupont St          | Bellingham               | WA                  | 98225 USA                            |

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

Construction of rock wall referenced in Invoice #11044 from Jensen Trucking & Excavation

Current Legal Description: LOTS 2 THROUGH 13, BLOCK 63, MAP OF FIDALGO CITY, SKAGIT CO. WASHINGTON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGES 113 AND 114, RECORDS OF SKAGIT COUNTY, WASHINGTON. TOGETHER WITH THOSE PORTIONS OF VACATED ALLEY, POTTER AVENUE, HOWARD AVENUE AND 7TH STREET AS WOULD ATTACH BY OPERATION OF LAW

Parcel Number: P102825

|                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor                                               |  |
| 7. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                                                                                                                                                                                  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                                                                                            |  |