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08/20/2025 10:54 AM Pages: 1 of 2 Fees: \$304.50

Skagit County Auditor, WA

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A.	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
В.	E-MAIL CONTACT AT SUBMITTER (optional)					
_	SPRFiling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address)					
υ.	3210 26746 CSC 801 Adlai Stevenson Drive	\neg				
		d In: Washington (Skagit)				
	SEE BELOW FOR SECURED PARTY CONTACT INFO	RMATION —	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact not fit in line 1b, leave all of item 1 blank, check here		ify, or abbreviate any part of the formation in item 10 of the Finar			al Debtor's name
	1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME clement	FIRST PERSONAL Shrene	FIRST PERSONAL NAME Shrene		ADDITIONAL NAME(S)/INITIAL(S)	
1c.	MAILING ADDRESS 19861 Lei Garden Road	сіту Burlington		STATE	POSTAL CODE 98233	COUNTRY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact not fit in line 2b, leave all of item 2 blank, check here		fy, or abbreviate any part of the formation in item 10 of the Finar			l Debtor's name v
	2a. ORGANIZATION'S NAME	Y /				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3.	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR ([3a. ORGANIZATION'S NAME 1st Security Bank of Washi		only one Secured Party name	(3a or 3b)		
OR	·					
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS P. O. Box 97000	CITY Lynnwood		STATE	POSTAL CODE 98046	COUNTRY
AI AI LE SI	COLLATERAL: This financing statement covers the following collateral: WINDOWS PN: P64745 T APN: 38950000110009 EGAL: Lot 11, Plat of Cummings 4th Addition, a kagit County, Washington, as per plat recorded ashington. Tax Parcel Number(s): P64745, 38:	in Volume 9 of P	lats, pages 8 and			_
5. (Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is	a Trust (see UCC1Ad, item 1	7 and Instructions)	ing administer	red by a Decedent's Persona	Representative
	Check only if applicable and check only one box: Collateral is held in a check only if applicable and check only one box: Manufactured-Home Transaction			Check only i	red by a Decedent's Persona f applicable and check only o	ne box:

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 clement FIRST PERSONAL NAME Shrene 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 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: 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 APN: P64745 ALT APN: 38950000110009 LEGAL: Lot 11, Plat of Cummings 4th Addition, a replat of Lot 18 and a portion of Lot I 9, the First Addition to Burlington, Skagit County, Washington, as per plat recorded in Volume 9 of Plats, pages 8 and 9, records of Skagit County, Washington. Tax Parcel Number(s): P64745, 3895-000-01 1-0009

17. MISCELLANEOUS: