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Skagit County Auditor, WA

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| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) | | | | |
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| CSC 1-800-858-5294 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) | | | | |
| SPRFiling@cscglobal.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| | ¬ l | | | |
| 3246 85590 | I | | | |
| CSC 801 Adlai Stevenson Drive | | | | |
| | d In: Washington | | | |
| | (Skagit) | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFO | PRMATION THE | ABOVE SDACE IS EC | OR FILING OFFICE USE | DNIV |
| DERTOR'S NAME, Deside set on Debter and (4 - 44) (4 - 44) | | | | |
| . DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact not fit in line 1b, leave all of item 1 blank, check here | t, tull name; do not omit, modify, or appreviate al provide the Individual Debtor information in item 1 | | | Deptor's name v |
| 1a. ORGANIZATION'S NAME | | | | |
| IZ. ORGANIZATION S NAIVIE | | | | |
| DR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | TO LE TO UNE (O) | COLLIX |
| Thomas | Brenda | J | Incorn cons | COLINEDY |
| c. MAILING ADDRESS 6558 Thomas Creek Drive | CITY | STATE | POSTAL CODE | COUNTRY |
| | Sedro-Woolley | WA | 98284 | USA |
| | | | | |
| PR | | | | |
| DR 25. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| DR 2b. INDIVIDUAL'S SURNAME | | | ., ,, | |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR) | CITY SECURED PARTY): Provide only one Secured | STATE | ., ,, | |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR) | CITY SECURED PARTY): Provide only one Secured | STATE | ., ,, | |
| 25. INDIVIDUAL'S SURNAME Cc. MAILING ADDRESS S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATES OF ASSIGNOR STAT | CITY SECURED PARTY): Provide only one Secured | STATE | ., ,, | |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE OF ASSIGNATION'S NAME and Security Bank of Washi | CITY SECURED PARTY): Provide only one Secured | STATE Party name (3a or 3b) | ., ,, | |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE OF A | CITY SECURED PARTY): Provide only one Secured ington | STATE Party name (3a or 3b) | POSTAL CODE | COUNTRY |
| 25. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 3a. ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR S 3b. INDIVIDUAL'S SURNAME 3b. INDIVIDUAL'S SURNAME | CITY SECURED PARTY): Provide only one Secured ington | STATE Party name (3a or 3b) | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE OF A | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME | Party name (3a or 3b) | POSTAL CODE | COUNTRY |
| c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STAR STAR STAR STAR STAR STAR STAR STA | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY | Party name (3a or 3b) ADDITIC | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 25. INDIVIDUAL'S SURNAME 35. MAILING ADDRESS 36. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE OF ASSIGN | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY | Party name (3a or 3b) ADDITIC | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 26. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY | Party name (3a or 3b) ADDITIC | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 26. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY | Party name (3a or 3b) ADDITIC | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 26. MAILING ADDRESS 8. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S 3a. ORGANIZATION'S NAME 1st Security Bank of Washi 0R 3b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS P. O. Box 97000 8. COLLATERAL: This financing statement covers the following collateral: 7 WINDOWS APN: P124892 | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY Lynnwood | Party name (3a or 3b) ADDITIO STATE WA | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE 98046 | SUFFIX COUNTRY USA |
| 26. INDIVIDUAL'S SURNAME 27. MAILING ADDRESS 28. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE AND ASSIGNOR STATE ASSIGNOR ST | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY Lynnwood | Party name (3a or 3b) ADDITIO STATE WA | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE 98046 | SUFFIX COUNTRY USA |
| 26. MAILING ADDRESS 3a. ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR STATE AND A | CITY SECURED PARTY): Provide only <u>one</u> Secured ington FIRST PERSONAL NAME CITY Lynnwood | Party name (3a or 3b) ADDITIO STATE WA | POSTAL CODE NAL NAME(S)/INITIAL(S) POSTAL CODE 98046 | SUFFIX COUNTRY USA |
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A Debtor is a Transmitting Utility

Consignee/Consignor

Seller/Buyer

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

3246 85590

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

8. OPTIONAL FILER REFERENCE DATA: 5153161290 Thomas (debtor)

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

Manufactured-Home Transaction

Lessee/Lessor

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 Thomas FIRST PERSONAL NAME 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): 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: P124892 ALT APN: 49010000010000 LEGAL: (30.96 ac) THE GLADE AT THOMAS CREEK, LOT 1, AF#200608210099, BEING A PORTION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4.

17. MISCELLANEOUS: