

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>877-505-5400</b>
B. E-MAIL CONTACT AT SUBMITTER (optional) <b><u>recordings@gorequire.com</u></b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>reQuire Real Estate Solutions, LLC</b>  <b>P.O. Box 860</b>  <b>Palm Harbor, FL 34682</b> </div>
<b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>

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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 <b>DOWHANIUK</b>	FIRST PERSONAL NAME <b>JEFFREY</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>18961 WEST BIG LAKE BOULEVARD</b>	CITY <b>MOUNT VERNON</b>	STATE <b>WA</b>	POSTAL CODE <b>98274</b>	COUNTRY <b>USA</b>

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 <b>DOWHANIUK</b>	FIRST PERSONAL NAME <b>GABRIELA</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS <b>18961 WEST BIG LAKE BOULEVARD</b>	CITY <b>MOUNT VERNON</b>	STATE <b>WA</b>	POSTAL CODE <b>98274</b>	COUNTRY <b>USA</b>

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 <b>Puget Sound Cooperative Credit Union</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>11201 SE 8th Street, Suite 208</b>	CITY <b>BELLEVUE</b>	STATE <b>WA</b>	POSTAL CODE <b>98004-6420</b>	COUNTRY <b>USA</b>

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

Fixtures and energy equipment, including but not limited to residential solar energy equipment, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 18961 WEST BIG LAKE BOULEVARD MOUNT VERNON, WA 98274

LOT 98, FIRST ADDITION, BIG LAKE WATER FRONT TRACTS, SKAGIT COUNTY, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 15, RECORDS OF SKAGIT COUNTY, WASHINGTON. EXCEPT THE WESTERLY 60 FEET THEREOF FOR ROAD. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Parcel No.: P62118/3863-000-098-0003

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 type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: DOWHANIUK589	