## **UCC FINANCING STATEMENT**

A NAME & PHONE OF CONTACT AT FILER (optional)
Jan Willmering (509) 327-9634

B. E-MAIL CONTACT AT FILER (optional)
janw@upfservices.com
c. SEND ACKNOWLEDGMENT TO: (Name and Address)

UPF Services
12410 E. Mirabeau Parkway, Ste 100
Spokane Valley, WA 99216

Skagit County Auditor 4/21/2014 Page \$72.00

1 of 1 8:45AM

|                                       | Spokane Valley, WA 99216  | ]                                    |   |                                      |   |                        |
|---------------------------------------|---|--------------------------------------|---|--------------------------------------|---|------------------------|
| 1 D                                   | EBTOR'S NAME: Provide only one Deblor name (1a.or 1b) (use exact full nar   | me: do not omit ima                  |   |                                      | name): if any part of the inc   |                        |
|                                       | name will not fit in line 1b, leave all of item 1 black, check here   |                                      | •   |                                      |   |                        |
| 7                                     | 1a. ORGANIZATION'S NAME   |                                      |   |                                      |   |                        |
| 1                                     | 15. INDIVIDUAL'S SURNAME<br>Foster  | FIRST PERSON                         | AL NAME   | ADDITIO                              | ADDITIONAL NAME(S)/INITIAL(S)   |                        |
|                                       | IAILING ADDRESS   | CITY                                 |   | STATE                                | POSTAL CODE   | COUNTRY                |
|                                       | 410 Center St   | Concrete                             | 9   | WA                                   | 98237-  | USA                    |
|                                       | EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name  | 1 28 3                               |   | art of the Debtor's                  | name); if any part of the Inc   | lividual Debtor's      |
| n                                     | name will not fit in line 2b, leave all of item 2 blank, check here and provide   | the Individual Deb                   | or information in item 10                         | of the Financing S                   | Statement Addendum (Form  | UCC1Ad)                |
| [                                     | 2a. ORGANIZATION'S NAME   |                                      |   |                                      |   |                        |
| OR 2                                  | 2b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                  |   | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |   | SUFFIX                 |
| 2c. M                                 | IAILING ADDRESS   | CITY                                 |   | STATE                                | POSTAL CODE   | COUNTRY                |
| 2 0                                   | ECHDED DADTVIS NAME (CANADA A TOTAL ACCIDING  | PECUPES SAFE                         |   | ourad parts seed :                   | /20 or 2h)  | 00/1                   |
|                                       | ECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR<br>3a. ORGANIZATION'S NAME  | SECURED PART                         | ). Provide only <u>one</u> se                     | cured party name                     | (38 or 30)  |                        |
|                                       | Puget Sound Cooperative Credit Union  |                                      |   |                                      |   |                        |
|                                       | 3b. INDIVIDUAL'S SURNAME  | FIRST PERSON                         | AL NAME   | ADDITIC                              | NAL NAME(S)/INITIAL(S)  | SUFFIX                 |
|                                       | AILING ADDRESS  | CITY                                 |   | STATE                                | POSTAL CODE   | COUNTRY                |
| ()()                                  | Λ 109th Λυο ΝΕ Quita #1026  | Pollovica                            |   | 11 :                                 |   | i                      |
|                                       | 0 108th Ave NE Suite #1035  | Bellevue                             | ·   | WA                                   | 98004   | USA                    |
| 4. C                                  | OLLATERAL: This financing statement covers the following collateral:  |                                      |   | _ ∤WA                                | 98004   | USA                    |
| 4. C                                  | OLLATERAL: This financing statement covers the following collateral:  NNOX OUTDOOR HEAT PUMP MS8-HO-24P   | AND LENN                             | OX INDOOR H                                       | WA<br>EAT PUMI                       | 98004<br>P UNIT MS8-HI-2  | USA<br>4P AT           |
| 4. Co<br>LE<br>TH                     | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER   | AND LENN                             | OX INDOOR H                                       | WA<br>EAT PUMI                       | 98004<br>P UNIT MS8-HI-2  | USA<br>4P AT           |
| 4. Co<br>LE<br>TH                     | OLLATERAL: This financing statement covers the following collateral:  NNOX OUTDOOR HEAT PUMP MS8-HO-24P   | AND LENN                             | OX INDOOR H                                       | WA<br>EAT PUMI                       | 98004<br>P UNIT MS8-HI-2  | USA<br>4P AT           |
| 4. Co<br>LE<br>TH<br>LO               | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER DAN DISBURSEMENT FORM.  | AND LENN<br>ST, CONC                 | OX INDOOR H<br>RETE, WA 982                       | EAT PUMI<br>37, AS DO                | 98004<br>P UNIT MS8-HI-2<br>CUMENTED ON   | USA<br>4P AT<br>THE    |
| 4. Co<br>LE<br>TH<br>LO               | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER DAN DISBURSEMENT FORM.  gal: Lot 46, Block D, Cape Horn on the Skagit, a  | AND LENN<br>ST, CONC                 | OX INDOOR H<br>RETE, WA 982                       | EAT PUMI<br>37, AS DO                | 98004<br>P UNIT MS8-HI-2<br>CUMENTED ON   | USA<br>4P AT<br>THE    |
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| 4. Co<br>LE<br>TH<br>LO<br>Le<br>thr  | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER DAN DISBURSEMENT FORM.  gal: Lot 46, Block D, Cape Horn on the Skagit, a cough 97, records of Skagit County, Washington PN: P63013  | AND LENN<br>ST, CONC<br>according to | OX INDOOR H<br>RETE, WA 982                       | EAT PUMI<br>37, AS DO                | 98004<br>P UNIT MS8-HI-2<br>CUMENTED ON   | 4P AT THE              |
| 4. Co<br>LE<br>TH<br>LO<br>Leg<br>thr | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER DAN DISBURSEMENT FORM.  gal: Lot 46, Block D, Cape Horn on the Skagit, a cough 97, records of Skagit County, Washington PN: P63013  leck only if applicable and check only one box: Collateral is held in a True theck only if applicable and check only one box: | AND LENN ST, CONC according to       | OX INDOOR H<br>RETE, WA 982<br>of the plat record | EAT PUMF<br>37, AS DO                | 98004 P UNIT MS8-HI-2 CÜMENTED ON me 8 of Plats, pa   | USA  4P AT THE  ges 92 |
| 4. Co<br>LE<br>TH<br>LO<br>Leg<br>thr | OLLATERAL: This financing statement covers the following collateral: NNOX OUTDOOR HEAT PUMP MS8-HO-24P JE PROPERTY LOCATED AT: 41410 CENTER DAN DISBURSEMENT FORM.  gal: Lot 46, Block D, Cape Horn on the Skagit, a cough 97, records of Skagit County, Washington PN: P63013  Leck gnly if applicable and check only one box: Collateral is   | AND LENN ST, CONC according to       | OX INDOOR H<br>RETE, WA 982<br>of the plat record | EAT PUMF<br>37, AS DO                | P UNIT MS8-HI-2 CÜMENTED ON  me 8 of Plats, pa  tered by a Deceden't Person if applicable and check one | USA 4P AT THE ges 92   |