

**Skagit County Auditor** 

\$73.00

FOLLOW INSTRUCTIONS		3/16/2015 P	age	1 of	2 8	:58AM
A. NAME & PHONE OF CONTACT AT FILER (optional)						
Corporation Service Company 1-800-858-5294						
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com						
C. SEND ACKNOWLEDGMENT TO: (Maine and Address)						
97248921 - 375680	$\neg$					
Corporation Service Company 801 Adlai Stevenson Drive						
Springfield, IL 62703 Filed In: W	Vashington _					
	(Skagit)	THE ABOVE SPA	'E IS EN	D EII ING OEE	ICE IISE C	NII V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full in name will not fit in line 1b, leave all of item 1 blank, sheek here  and provide the state of			he Debtor	s name); if any p	art of the Inc	lividual Debtor's
1a. ORGANIZATION'S NAME	TO THOUSAND COOK!			NOTION CARGOTTAL		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO!	NAL NAME(S)/INI	TIAL(S)	SUFFIX
Cross	Joan					
1c. MAILING ADDRESS PO Box 399	ब्राप La Conner		STATE	POSTAL CODE 98257		COÚNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact Juli n		ist as abbas into any and at			and and discontinuo	
* * * * * * * * * * * * * * * * * * * *	16 P.	ormation in item 10 of the Fig				
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME,	ADDITION	NAL NAME(S)/IN	TIAL(S)	SUFFIX
	and the second second	^^				<u> </u>
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED)	RED PARTY): Provide	only one Secured Party name	(3a or 3b)	)		
3a. ORGANIZATION'S NAME 1st Security Bank of Washington	1	77 ))				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITION	NAL NAME(S)/IN	TIAL(S)	SUFFIX
3c. MAILING ADDRESS P. O. Box 97000	CITY Lynnwood		STATE WA	POSTAL CODE 98046		USA
4. COLLATERAL: This financing statement covers the following collateral:		The second secon		<u>!</u>		
11 WINDOWS		The second secon				
APN: P73978						
		***************************************	Sandara Maria			
LOTS 3 AND 4, BLOCK "H", "MAP OF LA CONNER						AS PER
PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE	= 49, RECORI	OS OF SKAGIT CO	UNTY	, WASHIN	GION.	
				Contraction of		
						<b>&gt;</b>
					\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
						4/ .
5. Check only if applicable and check only one box: Collateral is held in a Trust (so 6a. Check only if applicable and check only one box:	see UCC1Ad, item 17			ed by a Deceder applicable and o		
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tra		_ `	applicable and our ural Lien	Non-UCC F	No. of the last of
	Consignee/Consignar	Seller/Buyer		lee/Bailor		see/Litzense/
8. OPTIONAL FILER REFERENCE DATA: :5150817860 CROSS					<del></del>	97248921

## 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 Cross FIRST PERSONAL NAME Joan ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only ane additional Debter 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 Debter'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 COUNTRY Chit STATE POSTAL CODE ASSIGNOR SECURED PAR TY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE CITY 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 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS: