

\$73.00

Skagit County Auditor 8/5/2016 Page

1 of

1 8:59AM

UCC FINANCING STATE	MENT
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FOLLOW INSTRUCTIONS		_
A. NAME & PHONE OF CONTACT AT F		
Diana Norberg	(509) 327-9634	
B. E-MAIL CONTACT AT FILER (option		
dianan@upfservice:	s.com	
C. SEND ACKNOWLEDGMENT TO	lame,and Address)	
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UPF Services		1
12410 F Mirabea	u Parkway, Ste 100	
Spokana Vallay	ΛίΑ (10016)	
ຸSpokane Valley,∜	IVA SOZID	
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C. SEND ACKNOWLEDGMENT TO Name and Address)			
	$\neg 1$		
UPF Services	'		
12410 E. Mirabeau Rarkway, Ste 100	Į.		
Spokane Valley, WA 99216	, [
	THE ABOVE SPACE	CE IS FOR FILING OFFICE USE OF	NLY
DEBTOR'S NAME: Provide only one Deblorname (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, clack here	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
1a. ORGANIZATION'S NAME			
THOMPSON	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c, MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
PO Box 323	Anacortes	WA 98221	USA
 DEBTOR'S NAME: Provide only one Deblor name (2a or 2b) (use exact fulfiname will not fit in line 2b, leave all of item 2 blank, check here and provided and provided and provided and provided are considered. 			
OR 26. INDIVIDUAL'S SURNAME HANDLEY	PRST PERSONAL NAME JAMES	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
PO Box 323	Anacortes	STATE POSTAL CODE WA 98221	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union		party name (3a or 3b)	
DR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 600 108th Ave NE Suite #1035	Bellevue	STATE POSTAL CODE WA 98004	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: 1 SOLECTRIA INVERTER, 5.70 KW SOLAR; 20 PERTAINING TO ENERGY EFFICIENCY UPGRA ANACORTES, WA 98221 AS DOCUMENTED OF	ADES AT THE PROPERTY L	CATED AT: 2211 13TH :	
LEGAL: LOTS 6 AND 7, AND THE EAT $\frac{1}{2}$ OF LC PLAT RECORDED IN VOL. 2 OF PLATS, PG. 4 I	T 8, BLOCK 205, MAP OF TH N SKAGIT COUNTY, WASHIN	E CITY OF ANACORTES IGTON.), AS PER
APN: P56234			

5. Check only if applicable and check only one	a box; Collateral is held in a Tr	ust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a Deced	ien't Personal Representative
6a. Check only if applicable and check only or	e box:			6b. Check only if applicable and	d check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Trasmit	ting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Şeller/Bu)	rer Bailee/Bailor	Licensee/Licerisor
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #3298853-32474	Loan	#	<u> </u>	SBA Loan #	