

## UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg

B. E-MAIL CONTACT AT FILER (optional) (509) 327-9634 dianan@upfservices.com c. SEND ACKNOWLEDGMENT\_FO (Name and Address)

UPF Services



**Skagit County Auditor** 

\$74.00

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110:29AM

12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216			
	THE ABOVE S	PACE IS FOR FILING OFFICE USE O	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use name will not fit in line 1b, leave all of Item 1 blank check here     1a. ORGANIZATION'S NAME	exact fulf name; do not omit, modify, or abbreviate any pa and provide the Individual Debtor information in item 10 o		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
RASLER	HEATHER	C	SUFFIX
1c. MAILING ADDRESS	СПҮ	STATE POSTAL CODE	COUNTRY
14797 Channel Dr	/ La Conner	WA 98257-	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in fine 2b, leave all of item 2 blank, check here			
2a, ORGANIZATION'S NAME	and property of the contract o	The Financing Officence Addendary (Form	
OR			
25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
			USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE or	ASSIGNOR SECURED PARTY): Provide only one secure	ured party name (3a or 3b)	
3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit	Union		
OR 35 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
30. MAILING ADDRESS 600 108th Ave NE Suite #1035	CITY	STATE POSTAL CODE	COUNTRY
	Bellevue	WA 98004	USA
4. COLLATERAL: This financing statement covers the following co		UNAND TO ENERGY FEEL	NEMOV
CARRIER FURNACE, ALONG WITH AFT UPGRADES AT THE PROPERTY LOCAT			
DOCUMENTED ON SUBSEQUENT LOAN		2/100KIVETY VV/ 30231 AC	,
	(-,-		
LEGAL: LOT 16, PLAT OF SKAGIT BEAC			
RECORDED IN VOL. 10 OF PLATS, PAG	E 27, IN SKAGIT COUNTY, WASH	INGTON.	
APN: P77784			
ALIN. 17704			V)
		Westernament Committee Com	11.0.
5. Check only if applicable and check only one box: Collateral is	hold in a Trust /coa LICC14d, item 17 and Instructions	hoing administered by a Docadon't Pargar	al Caprésantativo

5. Check only if applicable and check only on	e box: Collateral is held in a Tr	ust (see UCC1Ad, item 17 a	nd Instructions)	being administe	red by a Deceden't	Personal Représentative
6a. Check only if applicable and check only or	ne box:			6b. Check only if	applicable and che	ck only one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Trasmit	ting Utility	Agricult	ural Lien	Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable);	Lessee/Lessor	Consignee/Consignor	Seller/Bu	yer Baile	ee/Bailor	Licensee/License
8. OPTIONAL FILER REFERENCE DATA UPF Tracking #4417955-37838	B Loar	n#		SBA Loa	ın #	