



SBA Loan #

Skagit County Auditor 4/30/2018 Page

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\$74.00 1 10:27AM

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS	
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-96	31
B. E-MAIL CONTAGE AT SHEER (eptional)	54
dianan@upfservices.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address)	
Chronos Mortgage Solutions	
12410 E. Mirabeau Parkway Ste 100)

Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, Ste 10	00		
Spokane Valley, ŴA 99216			
	THE ABOVE	SPACE IS FOR FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a, or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here			
1a. ORGANIZATION'S NAME	<u>^</u>	o o o o o o o o o o o o o o o o o o o	
OR			
1b. INDIVIDUAL'S SURNAME CHAPIN	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS	CITY	STATE ! POSTAL CODE	COUNTRY
3425 Leann St	Mount Vernon	WA 98274-	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and and of item 2 blank, check here and of item 2 blank, check here and one in the control of the control o			
2a. ORGANIZATION'S NAME			
OR Zb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL S SURINAME	FIRST PERSUNAL NAME	ADDITIONAL NAME(S)/MITTAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY CITY	STATE POSTAL CODE	COUNTRY
		· · · · · · · · · · · · · · · · · · ·	USA_
 SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME 		acured party name (3a or 3b)	
Puget Sound Cooperative Credit Ur			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA
4. COLLATERAL: This financing statement covers the following collater		O TO EMEDOVE FEROIENOV	,
CARRIER A/C, ALONG WITH AFTER ACQU UPGRADES AT THE PROPERTY LOCATED			
DOCUMENTED ON SUBSEQUENT LOAN D			
LEGAL: LOT 24, DIGBY HEIGHTS PHASE 1,	ACCORDING TO THE DLAT	THEREOF PECAPOED AD	DII 15
2009 UNDER AUDITOR'S FILE NO. 2009041			ML 15,
APN: P128464			M
			110
5. Check only if applicable and check only one box: Collateral is held in	n a Trust (see UCC1Ad, item 17 and instructions)	being administered by a Deceden't Person,	a Representative
oa. Check only if applicable and check only one box:		6b. Check only if applicable and check only	25.
Public-Finance Transaction Manufactured-Home Transa 7. ALTERNATE DESIGNATION (if applicable): Lessage lessor			CC Filing
Lessee/Lessor	Consignee/Consignor Seller/	BuyerBailee/Bailor License	e/Licensor

Loan #

Chronos Tracking #4705424-39555