## ▊▎▎▎▐▞▞▘▃▕▝▀▞▊▄▐▞▝▐▃▗░▗▃▀▍▞以▃▀▍▄▁▛▅▞▗▋▁▛▀▊▜▃▐▟▜▜▃▐▟▞▗▙▁██▋▎▍▍▍ 201807060018

07/06/2018 10:05 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634 B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions

	12410 E. Mirabeau Parkway, Ste 100								
١.	Spokane Valley, WA 99216	,		•					
l	_		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			NLY			
	1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)								
	1a. ORGANIZATION'S NAME								
OR	1b. INDIVIDUAL'S SURNAME SNIPES	FIRST PERSONAL NAME SORAYA		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
	MAILING ADDRESS 48 Dallas St	Mount V	/ernon	WA	POSTAL CODE 98274	COUNTRY			
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)									
	2a. ORGANIZATION'S NAME			,					
OR	2b. INDIVIDUAL'S SURNAME SNIPES	FIRST PERSON	IAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX			
	MAILING ADDRESS	CITY		1	POSTAL CODE	COUNTRY			
44	48 Dallas St	Mount V	ernon	WA	98274	USA			
3. 8	3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME								
	Puget Sound Cooperative Credit Union								
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
	MAILING ADDRESS 00 108th Ave NE Suite #1035	Bellevue			POSTAL CODE 98004	COUNTRY			
C.	COLLATERAL: This financing statement covers the following collateral: ARRIER A/C, ALONG WITH AFTER ACQUIRED PGRADES AT THE PROPERTY LOCATED AT: OCUMENTED ON SUBSEQUENT LOAN DISBU	448 DALLA	AS, ST MOUNT, VE						
	EGAL: LOT 31, PLAT OF CEDAR HEIGHTS PUT ECORDED JANUARY 19, 2007 UNDER AUDITO					:			

WASHINGTON.

APN: P125727

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Deceden't Personal Representative									
6a. Check only if applicable and check only one box:	actured-Home Transaction,A Debtor is a Trasmitt	ting Utility	6b. Check <u>only</u> if applicable	and check <u>only</u> one box:Non-UCC Filing					
7. ALTERNATE DESIGNATION (if applicable):	Lessee/Lessar Consignee/Consignor	Seller/Bu	yer Bailee/Bailor	Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4871323-40542	Loan#		SBA Loan#						