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03/13/2019 01:58 PM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

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)			
[]	\neg		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 1	nn '		
Spokane Valley, WA 99216	00		
Spokane valley, VVA 99210	1		
4 DEPTOPICATION OF THE PROPERTY AND ADMINISTRATION		E SPACE IS FOR FILING OFFICE USE O	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use examame will not fit in line 1b, leave all of item 1 blank, check herean			
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
NEVITT	JANET	L	
1c MAILING ADDRESS 7250 Steelhead Ln	Burlington	STATE POSTAL CODE WA 98233	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex-			
name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	d provide the Individual Debtor information in item	10 of the Financing Statement Addendum (Form	UCC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
NEVITT	JON	M	
2c. MAILING ADDRESS 7250 Steelhead Ln	спү Burlington	STATE POSTAL CODE WA 98233	COUNTRY
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of AS		: :	00/1
3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit U			
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 collat 14.4KW SOLARSYSTEM: 48 SILFAB PANE FIXTURES PERTAINING TO ENERGY EFF STEELHEAD LANE, BURLINGTON, WA 98: FORM(S).	LS, 1 SOLAREDGE INVERTE ICIENCY UPGRADES AT THE	PROPERTY LOCATED AT:	7250
LEGAL: TRACT 1, SMASH RIVER PARK, D PAGES 43 AND 44, IN SKAGIT COUNTY, V	IVISION NO. 1, AS PER PLAT VASHINGTON.	RECORDED IN VOLUME OF	FPLATS,
APN: P68676			
5. Check only if applicable and check only one box: Collateral is heli	d in a Trust (see UCC1Ad, ilem 17 and Instructions	being administered by a Deceden't Person	al Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable and check only	
/Public-Finance Transaction Manufactured-Home Trans 7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor			JCC Filing ee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5521920-43999	Loan #	SBA Loan #	
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