

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1699 95831 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Washington (Skagit)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 Manley	FIRST PERSONAL NAME Jonathan	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 14499 Best Rd	CITY Mount Vernon	STATE WA	POSTAL CODE 98273
			COUNTRY USA

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 Bartin	FIRST PERSONAL NAME Jessica	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
2c. MAILING ADDRESS 14499 Best Rd	CITY Mount Vernon	STATE WA	POSTAL CODE 98273
			COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Community 1st Credit Union			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 929 Eastside Street SE	CITY Olympia	STATE WA	POSTAL CODE 98501
			COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Perfection Purchase Money Security Interest in Fixture. Complete Daikin Heat Pump system including all equipment and components installed at 14499 Best Rd Mount Vernon, WA 98273 Parcel:P22058 Alt. APN:34031620050000 Map Coord:34N-03E-16-NW;03E-34N-16-NW Situs Address:14499 Best Rd, Mount Vernon, WA 98273 Abbreviated Legal Address:(1.0700 Ac) The West 243.3 Feet Of The South 207.8 Feet Of The Sw1/4 Nw1/4 Dr19 Dk12 (P109813 Combined To This Account)

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 Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1699 95831

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR
9b. INDIVIDUAL'S SURNAME

Manley

FIRST PERSONAL NAME

Jonathan

ADDITIONAL NAME(S)/INITIAL(S)

D

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Jonathan D Manley
Jessica L Bartin
14499 Best Rd
Mount Vernon, WA 98273

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

Perfection Purchase Money Security Interest in Fixture. Complete Daikin Heat Pump system including all equipment and components installed at 14499 Best Rd Mount Vernon, WA 98273
Parcel:P22058 Alt. APN:34031620050000 Map
Coord:34N-03E-16-NW;03E-34N-16-NW Situs Address:14499 Best Rd, Mount Vernon, WA 98273 Abbreviated Legal Address:(1.0700 Ac) The West 243.3 Feet Of The South 207.8 Feet Of The Sw1/4 Nw1/4 Dr19 Dk12 (P109813 Combined To This Account)

17. MISCELLANEOUS: