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Skagit County Auditor, WA

ICC FINANCING STATEMENT						
OLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (options						
Diana Norberg (E-MAIL CONTACT AT FILER (optional)	509) 327-9634					
Diana.Norberg@covius.c SEND ACKNOWLEDGMENT TO: (Name and Adde	*35)					
[a]	·	$\neg I$				
Chronos Mortgage Solution 12410 E. Mirabeau Parkv	way, Ste 100	' [
Spokane Valley, WA 992	16	,				
					R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 1b, leave all of item 1 blank,	(1s or 1b) (use exact full name	ne; do not omit, modify, or the Individua: Debtor info	abbreviate any pa	rl of the Debtor's	s name), if any part of the k Statement Addendum (Ford	dividual Debto
1a. ORGANIZATION'S NAME					Orania Additional I For	i occina)
16. INDIVIDUAL'S SURNAME REILLY		FIRST PERSONAL NAME ANNE			ONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 209 11th St		CITY		STATE	POSTAL CODE	COUNTR
DEBTOR'S NAME: Provide only one Debtor name	12a as 2b) (use superfull in	Anacortes			98221-	US
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	1E		ONAL NAME(S)((NITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS		FIRST PERSONAL NAME	AE	STATE	POSTAL CODE	COUNTRY
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MAILING ADDRESS SECURED PARTY'S NAME. (or NAME of TOTAL 38. ORGANIZATION'S NAME Puget Sound Cooperative		CITY		STATE	POSTAL CODE	COUNTR
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