## 202101210115

01/21/2021 01:01 PM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

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)	_				
2049 59878 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	F1. 11. 1W-111				
	Filed In: Washington (Skagit)				
DEPT-OPIO WWW				R FILING OFFICE USE	
I. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) ( name will not fit in line 1b, leave all of item 1 blank, check here	use exact, full name; do not omit, r and provide the Individual Debtor				
1a. ORGANIZATION'S NAME	1				
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Shanahan	James			(-)	
c. MAILING ADDRESS 1820 Tundra Loop	CITY Mount Vern	ıon	STATE	POSTAL CODE 98273	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (					
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME	and provide the Individual Debto	r information in item 10 of the F	inancing St	atement Addendum (Form U	CC1Ad)
28. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN	SIGNOR SECURED PARTY): Prov	ide only one Secured Party nar	ne (3a or 3l	o)	
			T		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	_ NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 11027 Meridian Ave N	CITY		STATE	POSTAL CODE	COUNTRY
	Seattle		WA	98133	USA
P. COLLATERAL: This financing statement covers the following coll Description: Verity Credit Union is providing solar panel installation project on their pers will be performing the service.					
Parcel Number:					
P123481 Abbreviated Legal Description:					
(0.1800 Ac) Lot 19, Plat Of Trumpeter Mea	dows. As Per Plat Re	corded On October	12, 200	05. Under Auditors	File No.
200510120048, Records Of Skagit County,					
	and in a Trust (and HOCAAd Horse	17 and Instructions) beir	ng administe	ered by a Decedent's Persona	al Representat
. Check only if applicable and check only one box: Collateral is 1.	ield in a Trust (see UCCTAd. ilem				
	neld in a Trust (see UCC1Ad, item		Check only	if applicable and check only	one box:
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isf  6a. Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction Manufactured-Home Transaction				Itural Lien Non-UCC	