

07/22/2021 11:25 AM Pages: 1 of 2 Fees: \$104.50 Skagit County Auditor

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Diana Bork 360-685-4040	l l			
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
				
North Coast Credit Union	l j			
1100 DuPont Street	j			
Bellingham, WA 98225				
	1			
DEPT	THE ABOV	E SPACE IS E	OR FILING OFFICE USE	*****
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use engage will not fill in line. 1b. lawe all of litem 1-blank, check here———————————————————————————————————	exact, full name; do not omit, modify, or abbreviate any	part of the Debte	or's name); if any part of the I	ONLY ndividual Deblor's
1a. ORGANIZATION'S NAME	The state of the s	or the Financing S	Statement Addendum (Form L	CC1Ad)
KMK Properties, LLC				_
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LACDITU	OMAL MANIFICATION	
		AUUIIK	ONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	IDOSTAL COST	
1777 S. Burlington Blvd., #469, PMB477	Burilington	3876	POSTAL CODE 98233	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (Ze or 2b) (use ex	ract full parmet de est entit			USA
DEBTOR'S NAME: Provide only one Debter name (2a or 2b) (use exname will not fit in line 2b, leave all of litem 2 blank, check here and 2b. ORGANIZATION'S NAME	provide the individual Debtor information in item 10 o	part of the Debio	r's name); if any part of the h	idividual Debtor's
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2) MONOR IN COLUMN TO THE COLU				in in the
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	JAPPITIO	DNAL NAME(S)/INITIAL(S)	
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MAILING ADDRESS	CITY			
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	KMK Properties, LLC	_	7			
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OR	b. INDIVIDUAL'S SURNAME					
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