## 202201070008

01/07/2022 08:35 AM Pages: 1 of 1 Fees: \$203.50

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)  Diana. Norberg@covius.c  c. SEND ACKNOWLEDGMENT TO: (Name and Address)  Chronos Mortgage Solutions  12410 E. Mirabeau Parkway, Ste 100  Spokane Valley, WA 99216	7	ACE IS FOR FILING OFFICE USE ONLY
1 DEBTOR'S NAME. Provide only one Debtor name (1a or 1b) (use exact full name)	me; 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 hereand provide 1a_ORGANIZATION'S NAME	the Individual Debtor information in item 10 of t	he Financing Statement Addendum (Form UCC1Ad)
OR 16 INDIVIDUAL'S SURNAME CARROLL-GILLIS	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
5705 Sugarloaf St  2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact full na	Anacortes	
name will not fit in line 2b, leave all of item 2 blank, check hereand provide 2a ORGANIZATION'S NAME  OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	the Financing Statement Addendum (Form UCC1Ad)  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
CARROLL-GILLIS 2c. MAILING ADDRESS	KALYNN	STATE POSTAL CODE COUNTRY
5705 Sugarloaf St	Anacortes	WA 98221- USA
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 38 ORGANIZATION'S NAME Puget Sound Cooperative Credit Union OR 3b. INDIVIDUAL'S SURNAME		ed party name (3a or 3b)  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS 11201 SE 8th St, Ste 208	Bellevue	STATE POSTAL CODE COUNTRY WA 98004 USA
4 COLLATERAL: This financing statement covers the following collateral		
DAIKIN HEAT PUMP SYSTEM, ALONG WITH AI EFFICIENCY UPGRADES AT THE PROPERTY I AS DOCUMENTED ON SUBSEQUENT LOAN D	LOCATED AT: 5705 SUGAR	S PERTAINING TO ENERGY LOAF ST, ANACORTES, WA 98221
LEGAL: LOT 51, SKYLINE NO. 2, AS PER PLAT RECORDS IN SKAGIT COUNTY, WASHINGTON		OF PLATS, PAGES 59 AND 60, ,
APN: P59098		
5. Check only if applicable and check only one box Collateral is held in a Tr	ust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Personal Representative
6a Check only if applicable and check only one box.  — Public-Finance Transaction  — Manufactured-Home Transaction	A Debtor is a Trasmitting Utility	6b. Check only if applicable and check only one box
7 ALTERNATE DESIGNATION (if applicable) Lessee/Lessor	Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA Chronos Tracking #7625593-59780 Loar	n#	SBA Loan #