202211140001

11/14/2022 08:33 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATE	MENT								
FOLLOW INSTRUCTIONS									
A. NAME & PHONE OF CONTACT AT FII 877-505-5400	_ER (optional)								
B. E-MAIL CONTACT AT FILER (optional)									
recordings@gorequire.co									
C. SEND ACKNOWLEDGMENT TO: (Na	me and Address)	_							
Require Real Estat	te Solutions, LLC								
	oods Drive, Suite 22	25							
Virginia Beach, VA	23462								
			тн	E ABOVE S	SPACE IS FO	R FILI	NG OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only one D	Debtor name (1a or 1b) (use exact full na	ame; do not omit, mo	dify, or abbre	viate any par	t of the Debtor'	s name)	; if any part of the Indi	vidual Debtor's	
name will not fit in line 1b, leave all of it	tem 1 blank, check here and provide	e the Individual Debt	or information	n in item 10 o	f the Financing	Stateme	ent Addendum (Form	JCC1Ad)	
Ta. ORGANIZATION'S NAME									
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDIT	ADDITIONAL NAME(S)/INITIAL(S) SUFF				
Howell 1c, MAILING ADDRESS		Colin			STATE	STATE POSTAL CODE		COUNTRY	
7410 North Park Ave		CONCRETE			WA		98237	USA	
2. DEBTOR'S NAME: Provide only one									
name will not fit in line 2b, leave all of it	em 2 blank, check hereand provide	e the Individual Debte	or information	n in item 10 o	f the Financing	Stateme	ent Addendum (Form	JCC1Ad)	
OR 2b. INDIVIDUAL'S SURNAME Howell		FIRST PERSONAL NAME Katherine			ADDIT	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
2c. MAILING ADDRESS		CITY			STATE	STATE POSTAL CODE		COUNTRY	
CONCRETE CONCRETE					WA	WA 98237		USA	
3. SECURED PARTY'S NAME: (or NAI 3a. ORGANIZATION'S NAME	ME of TOTAL ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide o	nly <u>one</u> secu	red party name	(3a or 3	3b)		
Puget Sound Cooperative	Credit Union								
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME			ADDIT	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
3c. MAILING ADDRESS		CITY			STATE	STATE POSTAL CODE COUNTRY			
11201 SE 8th Street, Suite 208		BELLEVUE		WA	98004-6420		USA		
4. COLLATERAL: This financing stater	nent covers the following collateral:								
Fixtures and energy equi			_			ral a	nd associated	equipment,	
and atter acquired equip	ment, installed at 7410	North Park A	∕e Concre	ete, Wa	98237				
THE NORTH 100 FEET OF TH COUNTY, WASH.", AS PER P									
LINE OF SAID NORTH 100 F									
OF SAID LOTS 1 AND 2.									
Parcel No.: P70846									
5. Check only if applicable and check only	one box: Collateral is held in a Tro	ust (see UCC1Ad, ite	m 17 and Ins	tructions)	being admin	stered b	y a Deceden't Person	al Representative	
a. Check <u>only</u> if applicable and check <u>only</u> one box:				ler.		. Check only if applicable and check only one box:			
ALTERNATE DESIGNATION (Secretaria)			Trasmitting U	_		Agricultural Lien Non-UCC Filing Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA	le): Lessee/Lessor	Consignee/Consign	UI .	Seller/Buy	yert	allee/Ba	Licens	e/LICENSOF	
Howel1583									

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (Rev. 04/20/11)