

**UCC FINANCING STATEMENT**

## FOLLOW INSTRUCTIONS

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>877-505-5400  |
| B. E-MAIL CONTACT AT FILER (optional)<br>recordings@gorequire.com   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>Require Real Estate Solutions, LLC<br>PO Box 860<br>Palm Harbor, Florida 34682 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name; 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 here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|   |                                   |                   |                               |                               |                |
|---|-----------------------------------|-------------------|-------------------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME                 |                                   |                   |                               |                               |                |
| OR                                      | 1b. INDIVIDUAL'S SURNAME<br>Smith |                   | FIRST PERSONAL NAME<br>Donald | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS<br>14037 DONNELL RD |                                   | CITY<br>ANACORTES | STATE<br>WA                   | POSTAL CODE<br>98221          | COUNTRY<br>USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name; 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 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |      |                     |                               |         |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME |                          |      |                     |                               |         |
| OR                      | 2b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS     |                          | CITY | STATE               | POSTAL CODE                   | COUNTRY |

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

|   |                          |                  |                     |                               |                |
|---|--------------------------|------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME<br>Puget Sound Cooperative Credit Union |                          |                  |                     |                               |                |
| OR  | 3b. INDIVIDUAL'S SURNAME |                  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS<br>11201 SE 8th Street, Suite 208           |                          | CITY<br>BELLEVUE | STATE<br>WA         | POSTAL CODE<br>98004-6420     | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral:

Fixtures and energy equipment, including but not limited to, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 14037 DONNELL RD ANACORTES, WA 98221-8452

(10.1700 ac) CU F&A #210 AF#800306 1975: LOT 1, SKAGIT COUNTY SHORT PLAT NO. PL14-0304, RECORDED UNDER AF#201501080038 BEING A PORTION OF GOVERNMENT LOT 1, SECTION 13, TOWNSHIP 34 NORTH, RANGE 1 EAST, W.M., SKAGIT COUNTY, WASHINGTON.

Tax ID: P19317

|   |  |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative   |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility          | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |
| 8. OPTIONAL FILER REFERENCE DATA<br>Smith262  |  |

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