

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) 877-505-5400
B. E-MAIL CONTACT AT FILER (optional) recordings@gorequire.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Require Real Estate Solutions, LLC P.O. Box 860 Palm Harbor, FL 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Jones	Tod		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
21427 Alder Brook Ln	Mount Vernon	WA	98274	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 ASSIGNEE of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

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

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

Fixtures and energy equipment, including but not limited to residential solar energy equipment, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 21427 ALDER BROOK LN MOUNT VERNON, WA 98274-7640

PORTION OF LOT 2 SHORT PLAT#PL00-0376 AF#200210160141 DESCRIBED AS FOLLOWS: THAT PORTION OF THE SE1/4 OF THE NW1/4, SECTION 3, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: COMMENCING AT THE SE CORNER OF SAID SUBDIVISION; THENCE SOUTH 87-15-24 WEST ALONG THE SOUTH LINE THEREOF, 440.40 FEET; THENCE NORTH 02-44-36 WEST, 291.41 FEET TO THE POINT OF BEGINNING; THENCE NORTH 09-10-30 WEST, 363 FEET; THENCE NORTH 80-49-30 EAST, 120 FEET; THENCE SOUTH 09-10-30 EAST, 363 FEET; THENCE SOUTH 80-49-30 WEST, 120 FEET TO THE POINT OF BEGINNING.

P116938

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:	6b. Check <u>only</u> if applicable and check <u>only</u> one box:	
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility
<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE 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: Jones026		