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08/11/2023 08:42 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT							
OLLOW 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)	l						
Require Real Estate Solutions, LLC P.O. Box 860	!						
Palm Harbor, FL 34682							
	11	THE ABOVE SPA	CE IS EQ	B EIL INC GEI	EICE LISE O	AH V	
A DEPT-ONIO WARE TO A STATE OF THE STATE OF							
 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact full name will not fit in line 1b, leave all of item 1 blank, check here and provi 							
1a. ORGANIZATION'S NAME					•		
DR .							
1b. INDIVIDUAL'S SURNAME KROMANN	FIRST PERSONAL NAME SONJA		ADDITIONAL NAME(S)/INITIAL(S)		INITIAL(S)	SUFFIX	
ic. Mailing address 2716 Coho Ln	CITY ANACORTES		STATE WA	E POSTAL CODE 98221		COUNTRY	
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name will not fit in line 2b, leave all of item 2 blank, check here and provided in the pr							
2a. ORGANIZATION'S NAME							
OR					m 1171-1 (A)	Ta	
2b. INDIVIDUAL'S SURNAME PACK	FIRST PERSONAL NAME ALLAN		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
Cc. MAILING ADDRESS	CITY		STATE	STATE POSTAL CODE		COUNTRY	
2716 Coho Ln	ANACORTES		WA	JA 98221		USA	
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGN	OR SECURED PARTY)	Provide only one secured	party name	(3a or 3b)			
3a.ORGANIZATION'S NAME Puget Sound Cooperative Credit Union							
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
c. MAILING ADDRESS	CITY PELL DATE				COUNTRY		
11201 SE 8th Street, Suite 208	BELLEVUE		WA	98004-64	20	USA	
I. COLLATERAL: This financing statement covers the following collateral:							
Fixtures and energy equipment, including but no			eripher	al and as:	sociated	equipment,	
and after acquired equipment, installed at 2716	Coho Ln Anaco	rtes, WA 98221					
LOT 2 OF SHORT PLAT NO. PL06-0118, RECORDED SEP							
SKAGIT COUNTY, WASHINGTON AND BEING A PORTION O NORTH, RANGE 3 EAST, W.M.; SITUATE IN THE COUNT				4 OF SECT	ION 29, T	OWNSHIP 35	
HORTH, RANGE S EAST, W.M., STOATE IN THE COUNT	1 Of SIGNATI, S	TATE OF WASHINGTON					
Parcel ID: P126709							
. Check only if applicable and check only one box: Collateral is held in a T	Frust (see UCC1Ad, iter	17 and Instructions)	eing adminie	tered by a Dec	eden't Persons	I Representative	
ia. Check only if applicable and check only one box:	(300 000 IAM, IIBI	T	•	if applicable ar			
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a 1	A Debtor is a Trasmitting Utility				n-UCC Filing	
. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	r Seller/Buyer	Ва	ilee/Bailor	License	e/Licensor	
OPTIONAL FILER REFERENCE DATA							
(ROMANN947							
ILINO OFFICE CORV. LICO FINANCINO STATEMENT (FORM LICA	04) (04) 04/00/44						