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Skagit County Auditor, WA

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						
L		THE ABOVE SPA	CE IS FOR F	TILING OFFICE USE O	NLY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact full in name will not fit in line 1b, leave all of item 1 blank, check here and provide an ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME KEMPFE	FIRST PERSONAL NAME MATTHEW		ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS 12379 BAYHILL DRIVE	CITY BURLINGTON		STATE WA	POSTAL CODE 98233	COUNTRY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact full rename will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME KEMPFE	FIRST PERSONAL NAME MELISSA		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
2c. MAILING ADDRESS 12379 BAYHILL DRIVE	CITY BURLINGTON		STATE WA	POSTAL CODE 98233	COUNTRY	
SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME	OR SECURED PARTY):	Provide only one secured p	arty name (3a	or 3b)		
Puget Sound Cooperative Credit Union 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	CITY BELLEVUE		-	OSTAL CODE 8004-6420	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral: Fixtures and energy equipment, including but no and after acquired equipment, installed at 1237-LOT 2, "BAY HILL VILLAGE DIV II", AS PER PLAT RICOUNTY, WASHINGOTN. SITUATE IN THE COUNTY OF SKAPARCEL ID: P104393	9 BAYHILL DRIVE ECORDED IN VOLU	BURLINGTON, WA 9	3233			
		47				
Check only if applicable and check only one box: Collateral islheld in a T Check only if applicable and check only one box:Public-Finance TransactionManufactured-Home Transaction	rust (see UCC1Ad, ilem	6b. (Ť	ed by a Deceden't Persona applicable and check <u>only</u> ral Lien Non-U		
7. ALTERNATE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee	e/Bailor Licensee	e/Licensor	
8. OPTIONAL FILER REFERENCE DATA KAMPEFE094						