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11/14/2023 09:03 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
877-505-5400				
B. E-MAIL CONTACT AT SUBMITTER (optional) recordings@gorequire.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	-1			
reQuire Real Estate Solutions, LLC	!			
P.O. Box 860 Palm Harbor, FL 34682				
1 4111 1141 1001; 1 12 3 7 3 0 2		Print	Reset	
SEE BELOW FOR SECURED PARTY CONTACT INFOR	MATION THE	ABOVE SPACE IS FO	\$\$\$\$111H ₀ ;(\$65,855,0)\$55	SSMIIIIB
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full rot fit in line 1b, leave all of item 1 blank, check here and provide only one that it is not fit in line 1b, leave all of item 1 blank, check here.	name; do not omit, modify, or abbreviate any pide the Individual Debtor Information in item 1			ebtor's name will
1a. ORGANIZATION'S NAME	de die individual Debtor miorriation interni	O or the Finalicing statement	Addenia in fronti occi Adj	
OR 1b. INDIVIDUAL'S SURNAME BELL	FIRST PERSONAL NAME FRANK	ADDITIONA	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
1c. MAILING ADDRESS			POSTAL CODE	COUNTRY
973 CHESTNUT LOOP	CITY MOUNT VERNON	STATE WA	98274	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	name: do not omit, modify, or abbreviate any r	part of the Debtor's name): if	any part of the Individual D	ebtor's name will
not fit in line 2b, leave all of item 2 blank, check here and prov	ide the Individual Debtor Information in item 1			
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
BELL	PAMELA			
2c. MAILING ADDRESS 973 CHESTNUT LOOP	CITY MOUNT VERNON	STATE WA	POSTAL CODE 98274	COUNTRY
			302,4	USA
 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 34. ORGANIZATION'S NAME 	SURED PARTY): Provide only one Secured F	Party name (3a or 3b)		
Puget Sound Cooperative Credit Union				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	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
COLLATERAL: This financing statement covers the following collateral:				00/1
4. O SELY (E) O/E. This interrolling statement covers the following collateral.				
Fixtures and energy equipment, including but not	limited to, all accessorie	s, peripheral, an	d associated equ	ipment, and
after acquired equipment, installed at 973 CHESTN	NUT LOOP MOUNT VERNON, WA 9	8274		
LOT 46, MONTREAUX PHASE 1, ACCORDING TO THE PLAT			TOR'S FILE NO. 2	00707230124
RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATED IN	N SKAGIT COUNTY, WASHINGTON			
Parcel No.: P126438				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tri	ust (see UCC1Ad, item 17 and Instructions)	being administered	I by a Decedent's Personal	Representative
Ba. Check only if applicable and check only one box:			pplicable and check only or	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultura		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Sell	er/Buyer Baile	e/Bailor Licer	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA: FRANK BELL				
FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UC	CC1\ /Rev. 07/01/22\			
IEMA OF THE COLL - CCC FINANCING STATEMENT (FULL)	JOI) (NEV. 01/01/23)			