## 202312220026

12/22/2023 11:58 AM Pages: 1 of 2 Fees: \$204.50

	Skagit County Auditor, WA			
ICC FINANCING STATEMENT				
ICC FINANCING STATEMENT DILLOW INSTRUCTIONS				
. NAME & PHONE OF CONTACT AT SUBMITTER (optional	Δ.			
CSC 1-800-858-5294	,			
S. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2719 89267	¬ l			
CSC	1			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Washington			
	(Skagit)			
SEE BELOW FOR SECURED PARTY CONTAC	T INFORMATION THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (u				
	and provide the Individual Debtor information in item			
not fit in line 1b, leave all of item 1 blank, check here				
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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 5152677340 Cabe "Debtor"	2719 89267

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Cabe FIRST PERSONAL NAME Jackie ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): 16. Description of real estate Lot 32; SAUK MOUNTAIN VIEW ESTATES SOUTH - A PLANNED RESIDENTIAL DEVELOPMENT PHASE 3, according to the plat thereof, recorded May 26, 2005, under Auditor's File No. 200505260107, records of Skagit County. Washington. Situated in Skagit County, Washington. 17. MISCELLANEOUS:

SECURED PARTY COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 07/01/23)

Fixture Filing