

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

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|---|
| 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) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> reQuire Real Estate Solutions, LLC P.O. Box 860 Palm Harbor, FL 34682 </div> |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

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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 ELDER | FIRST PERSONAL NAME CALEB | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 133 DALLAS STREET | CITY MOUNT VERNON | STATE WA | POSTAL CODE 98274 COUNTRY 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 ELDER | FIRST PERSONAL NAME JENNIFER | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 133 DALLAS STREET | CITY MOUNT VERNON | STATE WA | POSTAL CODE 98274 COUNTRY USA |

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 11201 SE 8th Street, Suite 208 | CITY BELLEVUE | STATE WA | POSTAL CODE 98004-6420 COUNTRY USA |

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

Fixtures and energy equipment, including but not limited to, all accessories, peripheral, and associated equipment, and after acquired equipment, installed at 133 DALLAS STREET MOUNT VERNON, WA 98274

Lot 89, Plat of Cedar Heights PUD, Phase 1, according to the plat thereof, recorded January 19, 2007 under Recording No. 200701190116, Records of Skagit County, Washington. Situate in the County of Skagit, State of Washington.

Parcel No.: P125786

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: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
ELDER856