| UCC FINANCING STATEMENT   | 1<br>L<br>F                            | 10tal. \$103.50 Pys-1                                 | 0-002172<br>120 08:07 AM<br>IONS DBA UPF |
|---|--|---|--|
| FOLLOW INSTRUCTIONS   |  |   |  |
| A NAME & PHONE OF CONTACT AT FILER (optional)  Joy Wirsch (509) 327-9634  B. E-MAIL CONTACT AT FILER (optional)  joy.wirsch@covius.com  |  |   |  |
| C. SEND ACKNOWLEDGMENT TO (Name and Address)  | _                                      |   |  |
| Chronos Mortgage Solutions<br>12410 E. Mirabeau Parkway, Ste 100  | 1                                      |   |  |
| Spokane Valley, WA 99216  | ·                                      |   |  |
| Operation validy, vvi toda to   |  | DOME OR OF 15 PAR EN ING OFFICE VINE                  | AND 32                                   |
|   |  | BOVE SPACE IS FOR FILING OFFICE USE C                 |  |
| DEBTOR'S NAME. Provide only one Debtor name (1a or 1b) (use exact full nar name will not fit in line 1b, leave all of item 1 blank, check here and provide.   |  |   |  |
| 1a. ORGANIZATION'S NAME   | ,,,,,                                  |   | 160 - J                                  |
| OR  |  | ADDITIONAL MANAGERIANITIAN (D.                        |  |
| 1b. INDIVIDUAL'S SURNAME  COX   | FIRST PERSONAL NAME  Dave              | ADDITIONAL NAME(S)/INITIAL(S)                         | SUFFIX                                   |
| 1c. MAILING ADDRESS   | CITY                                   | STATE POSTAL CODE                                     | COUNTRY                                  |
| 196 NE Shepherd Ave   | Stevenson                              | WA 98648-   | USA                                      |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full har name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME  | the Individual Debtor information in   | n item 10 of the Financing Statement Addendum (Form   | UCC1Ad)                                  |
| 2b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                    | ADDITIONAL NAME(S)/INITIAL(S)                         | SUFFIX                                   |
| 2c. MAILING ADDRESS   | CITY                                   | STATE POSTAL CODE                                     | COUNTRY                                  |
| 3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE of ASSIGNOR  | SECURED PARTY). Provide on             | y one secured party name (3a or 3b)                   |  |
| 39. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union  |  |   |  |
| OR 36 INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                    | ADDITIONAL NAME(S)/INITIAL(S)                         | SUFFIX                                   |
|   |  |   |  |
| 3c. MAILING ADDRESS<br>600 108th Ave NE Suite #1035   | Bellevue                               | WA 98004  | COUNTRY                                  |
| 4. COLLATERAL: This financing statement covers the following collateral:  12.67kW Solar- 39 Panasonic Panels and 39 Enphase Micro Inverters along with after acquired fixtures pertaining to energy efficiency upgrades at the property located at: 196 NE Shepard Ave Stevenson, WA 98648 as documented on subsequent loan disbursement form(s). |  |   |  |
| LEGAL: LOTS 7, 8 AND THE EAST 1/2 OF LOT STRACTS, ACCORDING TO THE PLAT THEREOF SUBJECT TO: COVENANTS, CONDITIONS AND UNDER AUDITOR'S FILE NO. 54529, BOOK 4, P   | F, RECORDED IN BO<br>D RESTRICTIONS IN | OOK A OF PLATS, PAGE 100.<br>IPOSED BY INSTRUMENT REC |  |
| APN 03753623050200  |  |   |  |
| Check only if applicable and check only one box. Collateral isheld in a True  | st (see UCC1Ad, item 17 and Instr      | uctions) being administered by a Deceden't Person     | nai Representative                       |
| 6a. Check only if applicable and check only one box:  |  | 6b. Check only if applicable and check only           | y one box:                               |
| Public-Finance Transaction Manufactured-Home Transaction 7 ALTERNATE DESIGNATION (if applicable) Lessage (association)  | A Debtor is a Trasmitting Util         | grows. Actions,                                       | UCC Filing                               |
| 8 OPTIONAL FILER REFERENCE DATA   | Consignee/Consignor                    | Seller/Buyer Bailee/Bailor Licens                     | see/Licensor                             |
|   | #49459                                 | SBA Loan #  |  |