

## Transfer Confirmation

The request below has been transmitted successfully.

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**Confirmation:** 2175738109  
**Approval status:** 1 of 1 received  
**Transmitted:** 09/18/2020 05:06:25 PM (ET)  
**Transmitted by:** KIMB

### Details

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**From account:** CYPRESS WAY COA CHECKING - Checking - \*9356 - \$17,040.50  
(Balance as of: 09/18/2020 05:05:42 PM (ET) Not a guarantee of available funds.)

**To account:** CYPRESS WAY SAVINGS - Savings - \*9051 - \$14,022.50  
(Balance as of: 09/18/2020 05:05:42 PM (ET) Not a guarantee of available funds.)

**Amount:** \$3,000.00

**Description:** Reserve Transfer

**Send on:** 09/18/2020 (today)

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**CERTIFICATE OF INSURANCE – CONDOMINIUM**

COVERAGE AFFORDED BY THE POLICY IS PROVIDED BY THE ALLSTATE INSURANCE COMPANY		
<b>Master Policy Number</b>		<b>Condominium Unit Number</b>
648686920		2
<b>MASTER POLICY</b>		
Insured's Name CYPRESS WAY CONDO C-O ASSC BOOK SUP		
Mailing Address of Premises 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>UNIT OWNER</b>		
Name SOTI J SANTAMO AND PETER S LETOYA		
AKA -		
Location of Premises 20901 CYPRESS WAY B LYNNWOOD, WA 98036		
Mailing Address of Premises 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>COVERAGE SUMMARY:</b> Consult master policy for specific coverages and exclusions.		
<b>PROPERTY INSURANCE</b> (Bldgs)	<b>POLICY TYPE</b>	<b>GENERAL LIABILITY INSURANCE</b>
Coverage Amount	<input checked="" type="checkbox"/> Special Form	<b>Limit of Liability</b>
\$ 3,292,230	<input type="checkbox"/> Broad	GENERAL AGGREGATE
	<input type="checkbox"/> Basic	
	<input checked="" type="checkbox"/> Replacement Cost	(Other than products-Completed Operations) \$ 4,000,000
Deductible	<input type="checkbox"/> Actual Cash Value	PRODUCTS COMPLETED OPERATIONS AGGREGATE \$ 4,000,000
\$ 1,000	<input type="checkbox"/> Agreed Value	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> Other	PHYSICAL DAMAGE \$ 100,000 ANY ONE LOSS
		MEDICAL EXPENSE \$ 5,000 ANY ONE PERSON
<b>Additional Coverages</b>		
BOARD OF MANAGERS, FIDELITY COVERAGE, ORDINANCE OR LAW COVERAGE, WATER DAMAGE, EQUIPMENT BREAKDOWN		
<b>Description</b>		
POLICY INCEPTION DATE: 10-01-2019 POLICY EXPIRATION DATE: 10-01-2020		
<b>NOTICE TO UNIT - OWNER</b>		
This policy does not include coverage for household contents or individual personal property of individual unit owners or individual unit owners personal liability.		
<b>UNIT OWNER MORTGAGEE</b>		
The policy contains a Mortgage Clause in favor of:		
<b>Mortgage</b>	GUILD MORTGAGE COMPANY ITS SUCCESSORS &/OR ASSIGNS	
<b>Address</b>	PO BOX 85304 SAN DIEGO, CA 92186-5304	
<b>Loan #</b>	8611015171	
<b>CERTIFICATE PERIOD</b>		
This Certificate will remain in force from the inception of the policy until the policy is cancelled, expires or not renewed.		
<b>POLICY INCEPTION DATE</b>	10-01-2019	<input checked="" type="checkbox"/> 12:01 A.M
		Standard Time at the location of the insured premises
<b>PROVISIONS</b>		

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.

**Note to Mortgagee:**

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



**Policy Number**  
**648686920**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 07-25-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS



**Policy Number**  
**648686920**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 07-25-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

CERTIF21 (cont.)

THE NAMED INSURED ON FORM CERTIF21 IS AMENDED TO READ:

CYPRESS WAY CONDO C-O ASSC  
BOOK SUP SVC





CUSTOMER NUMBER: 367105

RUN DATE: 09-09-20

THE PLEASANT AGENCY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOOK SUP SVC  
PO BOX 58  
SILVER LAKE, WI 53170-0058

# Go green. Go paperless.

Switch to **Paperless Delivery\*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**  
on [Allstate.com](http://Allstate.com)

\*State exceptions may apply



BU114-3

100002009096486869200401000010001004

Insured Full Copy

**Policy History – Recent Transaction History**

08/05/2020	Renewal Premium	\$11,663.00
09/02/2020	Policy Change	-\$618.00

If you have any questions, please contact your Allstate Representative.

## Commercial Package policy schedule for the Allstate® Easy Pay Plan

ALLSTATE INSURANCE COMPANY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

Information as of: September 10, 2020

Policy Number: **648686920**

Policyholder:

CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

### Automatic installment schedule

The following payments will automatically be withdrawn from your bank account on or after the dates shown below.

#### Automatic Installment Schedule:

10/01/20	\$921.42
11/01/20	\$921.42
12/01/20	\$921.42
01/01/21	\$921.42
02/01/21	\$921.42
03/01/21	\$921.42
04/01/21	\$921.42
05/01/21	\$921.42
06/01/21	\$921.42
07/01/21	\$921.42
08/01/21	\$921.42
09/01/21	\$921.38

Each payment includes a \$1.00 installment fee.

Please see the back of this bill for policy history.

**Remember** – Any changes you make to your policy may result in a change in premium.

Your Allstate Agency is **THE PLEASANT AGENCY**  
For service please contact  
(425) 775-1920

### What you should know

For each check, electronic transaction or other remittance which is not honored because of insufficient funds or a closed account, you will be charged \$25.00.

If you have any questions, please contact your agent.

**IMPORTANT NOTICE:** PLEASE KEEP THE SCHEDULE ON THIS NOTICE SO YOU KNOW THE UPCOMING WITHDRAWAL DATES FOR THE REMAINDER OF THIS POLICY PERIOD.

A NEW WITHDRAWAL SCHEDULE WILL ONLY BE SENT TO YOU IF YOUR POLICY IS RENEWED OR IF A CHANGE IS MADE TO YOUR PREMIUM AMOUNT OR DATE.

If you need to make a change to your bank account information contact your Allstate Representative to complete a new application.

If you wish to be removed from the Allstate® Easy Pay Plan contact your Allstate Representative. Please allow 5 business days to stop your deductions.

Please do not remit a check to us while on the Allstate® Easy Pay Plan.

If you are on monthly installments and would prefer to pay your premium in full, please contact your Allstate Representative. You may be eligible for the FullPay® discount.

If you are on full pay and you would prefer to pay your premium on monthly installments, please contact your Allstate Representative.

Policy Period

Effective October 01, 2020 through  
October 01, 2021

**Go green.  
Go paperless.**

Switch to Paperless Delivery  
by registering for My Account  
at [Allstate.com](http://Allstate.com).



## Billing Details

Account No.: **24002000-02**  
 Service Address: 20901 CYPRESS WAY BLDG'S

Bill Type: REGULAR  
 Acct Type: MULTI FAMILY

Bill Date: 07/09/2020

## \$ Water Charges

	RATE	USAGE	CHARGES
WATER BASE CHARGE			220.52
WATER BASE TIER	0.00000	32	0.00
WATER TIER 1	2.56000	80	204.80
WATER TIER 2	3.10000	51	158.10

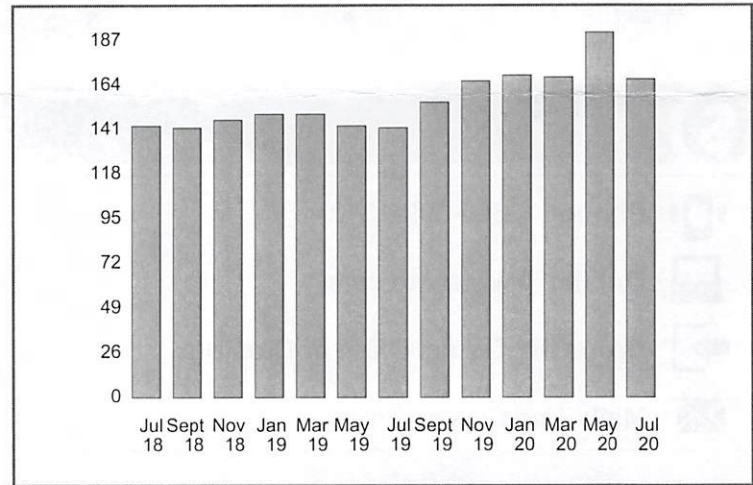
## \$ Sewer Charges

SEWER CHARGES	1,345.72
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## \$ Billing Summary

PREVIOUS BALANCE	2,208.74
PAYMENT 06/05/2020	-952.29
TRNFR PAYMENT 05/19/2020	-1,256.45
<b>BALANCE FORWARD</b>	<b>0.00</b>
<b>CURRENT CHARGES</b>	<b>1,929.14</b>
<b>TOTAL AMOUNT DUE</b>	<b>\$1,929.14</b>
Average Daily Charge \$30.62	

## Water Usage History



## Meter Information

Meter Number	Read Dates		Billing Days	Meter Readings		Usage	Units
	Present	Previous		Present	Previous		
0043934065	06/30/2020	04/28/2020	63	07339	07176	163	(121,924 gallons)



### Do you have an address change?

Please contact our customer service department:

Email [help@awwd.com](mailto:help@awwd.com) or  
 Call 425-787-0220

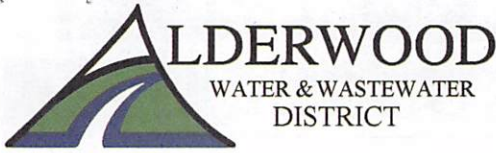


### Go Green

Sign up for paperless billing at [awwd.com](http://awwd.com):

Login or create an account and  
 select "Paperless"





# Utility Billing

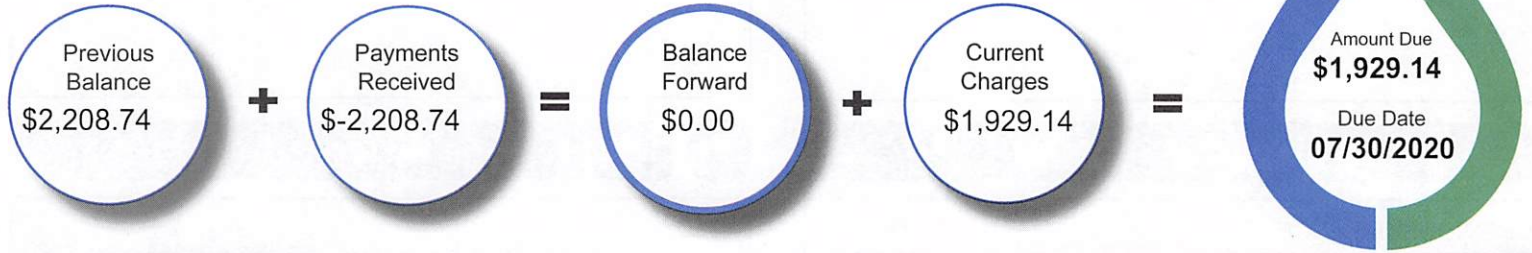
Account Number: **24002000-02**  
 Account Name: CYPRESS WAY HOMEOWNERS ASSOC  
 Service Address: 20901 CYPRESS WAY BLDG'S  
 Amount Due: \$1,929.14

Due Date: 07/30/2020

**Pay by due date to avoid 10% penalty**

## Water For Life, Forever

Clean Reliable Water and Wastewater Services For a Healthy Community



### \$ How To Pay

- Phone: 1-866-899-1313
- Online: [www.awwd.com](http://www.awwd.com)
- Drop Off: District Office or Drop Box
- Mail: Use Coupon Below

### ! Alerts

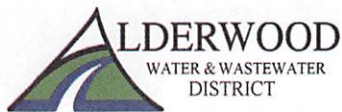
Alerts area (currently blank).

### How To Contact Us

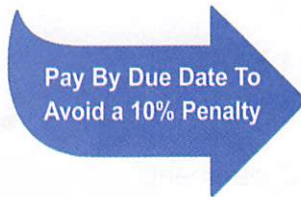
**Customer Service:** 425-787-0220  
**Email:** [help@awwd.com](mailto:help@awwd.com)  
**District Office:**  
 Phone: 425-743-4605  
 Location: 3626 156th St SW, Lynnwood, WA 98087

### Messages

During the state of emergency, we have suspended late fees & disconnecting for late payments. *Please understand water & wastewater charges cannot be waived or forgiven as that is considered gifting of public funds.* We encourage rate payers to make payment, even if not the full amount, to avoid falling significantly behind. Please contact us to discuss payment options available to you. For cash assistance with your utility bills, you can apply for DCAP at [WashingtonConnection.org](http://WashingtonConnection.org) or call 877-501-2233.



Mail Payments with this Coupon to:  
**Payment Processing Center**  
 P.O. Box 34679  
 Seattle, WA 98124-1679



RETURN THIS COUPON WITH YOUR PAYMENT

**Utility Billing**

ACCOUNT NO.: **24002000-02**

TOTAL AMOUNT DUE: **\$1,929.14**

DUE DATE: **07/30/2020**

AMOUNT PAID:



3850 1 MB 0.439 3991 / 12-1-19  
 CYPRESS WAY HOMEOWNERS ASSOC  
 PO BOX 58  
 SILVER LAKE WI 53170-0058



### Payment Receipt

Your payment has been accepted.

Confirmation #	467382257
Payment Type	Utility Bill
Account #	2400200002
Status	Accepted
Payment Date	Sep 10, 2020 – 12:01:22 PM
Payment Method	Checking Account *****9356
Payment Amount	\$1,000.00

Payment 2 of 2

**Payment Receipt**

*Cypress Way*

Your payment has been accepted.

Confirmation #	467382109
Payment Type	Utility Bill
Account #	2400200002
Status	Accepted
Payment Date	Sep 10, 2020 – 12:00:51 PM
Payment Method	Checking Account *****9356
Payment Amount	\$929.14

*Payment 1 of 2*

## Billing Details

Account No.: **24001000-02**  
 Service Address: 20901 CYPRESS WAY I/R

Bill Type: REGULAR  
 Acct Type: IRRIGATION

Bill Date: 07/09/2020

## Water Charges

	RATE	USAGE	CHARGES
WATER BASE CHARGE			139.88
WATER BASE TIER	0.00000	4	0.00

## Sewer Charges

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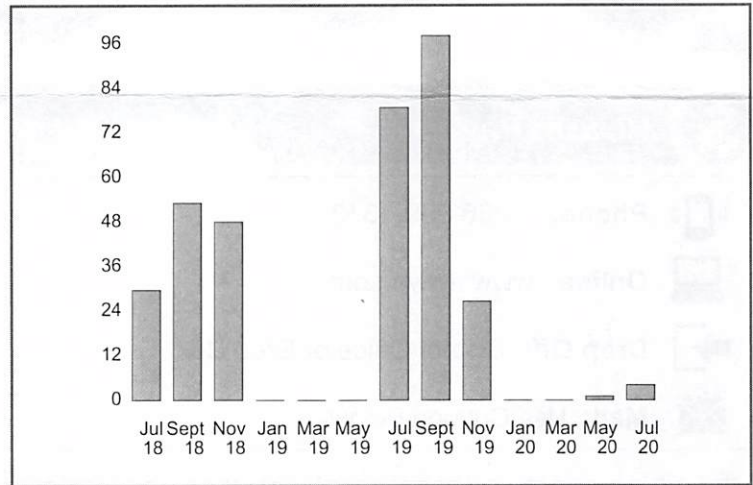
## Billing Summary

PREVIOUS BALANCE -1,256.45  
 TRNFR PAYMENT 05/19/2020 1,256.45

BALANCE FORWARD 0.00  
 CURRENT CHARGES 139.88  
**TOTAL AMOUNT DUE \$139.88**

Average Daily Charge \$2.22

## Water Usage History



## Meter Information

Meter Number	Read Dates		Billing Days	Meter Readings		Usage	Units
	Present	Previous		Present	Previous		
0043933891	06/30/2020	04/28/2020	63	01285	01281	4	(1 CCF = 748 Gallons) (2,992 gallons)



### Do you have an address change?

Please contact our customer service department:

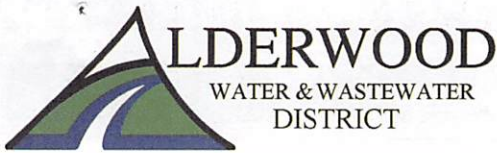
Email [help@awwd.com](mailto:help@awwd.com) or  
 Call 425-787-0220



### Go Green

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Login or create an account and  
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# Utility Billing

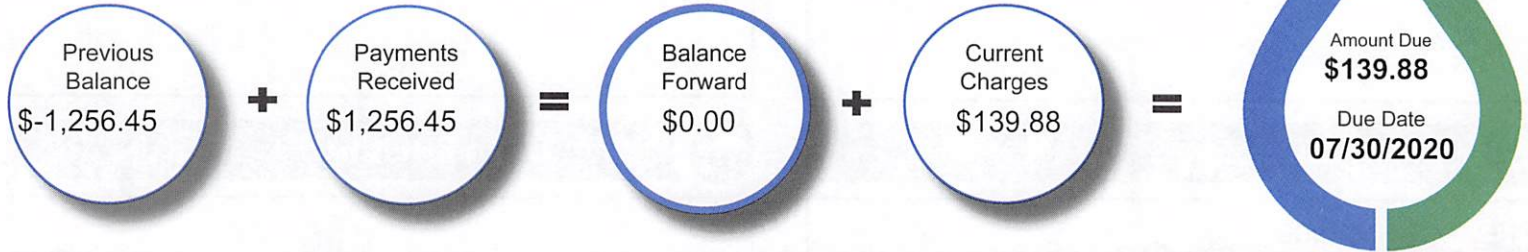
Account Number: **24001000-02**  
 Account Name: CYPRESS WAY HOMEOWNERS ASSOC  
 Service Address: 20901 CYPRESS WAY I/R  
 Amount Due: \$139.88

Due Date: 07/30/2020

**Pay by due date to avoid 10% penalty**

## Water For Life, Forever

Clean Reliable Water and Wastewater Services For a Healthy Community



### How To Pay

- Phone: 1-866-899-1313
- Online: [www.awwd.com](http://www.awwd.com)
- Drop Off: District Office or Drop Box
- Mail: Use Coupon Below

### Alerts

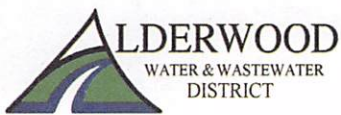
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**Email:** [help@awwd.com](mailto:help@awwd.com)  
**District Office:**  
 Phone: 425-743-4605  
 Location: 3626 156th St SW, Lynnwood, WA 98087

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**Payment Processing Center**  
 P.O. Box 34679  
 Seattle, WA 98124-1679



RETURN THIS COUPON WITH YOUR PAYMENT

### Utility Billing

ACCOUNT NO.: **24001000-02**

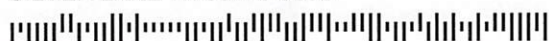
TOTAL AMOUNT DUE: **\$139.88**

DUE DATE: **07/30/2020**

AMOUNT PAID:



3851 1 MB 0.439 3992 / 12-1-20  
 CYPRESS WAY HOMEOWNERS ASSOC  
 KSB CONSULTING  
 PO BOX 58  
 SILVER LAKE WI 53170-0058



**Payment Receipt**

Cypress Way

Your payment has been accepted.

<b>Confirmation #</b>	467378925
<b>Payment Type</b>	Utility Bill
<b>Account #</b>	2400100002
<b>Status</b>	Accepted
<b>Payment Date</b>	Sep 10, 2020 – 11:59:03 AM
<b>Payment Method</b>	Checking Account *****9356
<b>Payment Amount</b>	\$139.88



# HomeStreet Bank

Operations Support  
33405 8th Ave S, Suite 100  
Federal Way, WA 98003

**Return Service Requested**

Page 1 of 1

00002541-0005081-0001-0001-TIMR8006430831207176

Last statement: July 31, 2020  
This statement: August 31, 2020  
Total days in statement period: 31

CYPRESS WAY CONDOMINIUM OWNERS ASSN  
C/O AK ELITE MANAGEMENT  
PO BOX 58  
SILVER LAKE WI 53170-0058

5328309051  
( 0)

Direct inquiries to:  
800 719-8080

HomeStreet Bank  
601 Union St, Suite 2000  
Seattle WA 98101

## Business Statement Savings

Account number 5328309051  
Low balance \$14,021.31  
Average balance \$14,021.31  
Interest paid year to date \$12.33

### DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
07-31	Beginning balance			\$14,021.31
08-31	Interest Credit	1.19		14,022.50
08-31	Ending totals	1.19	.00	\$14,022.50

### INTEREST INFORMATION

Annual percentage yield earned 0.10%  
Interest-bearing days 31  
Average balance for APY \$14,021.31  
Interest earned \$1.19

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total NSF Returned Item Fees	\$0.00	\$0.00

Thank you for banking with HomeStreet Bank

00002541-0005081-0001-0001-TIMR8006430831207176(00002541)-000005083





**Terms of agreement:**

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I authorize ALLSTATE INSURANCE COMPANY, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have sufficient funds in the account provided for all electronic debit entries. Electronic debit entries shall be initiated by ALLSTATE INSURANCE COMPANY to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the policy listed on this document or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to ALLSTATE INSURANCE COMPANY shall be deemed to have been made unless and until ALLSTATE INSURANCE COMPANY receives actual credit. I also understand that if a correction of any entry is necessary, it may involve an adjustment to my account. I understand my direct electronic payment of the amounts shown on my billing schedule will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule. I understand that I will thereafter be sent a schedule only at renewal or if my premium amount changes during the policy period. ALLSTATE INSURANCE COMPANY reserves the right to refuse or terminate electronic payments services. This agreement is to remain in effect until ALLSTATE INSURANCE COMPANY terminates it or until I contact my Allstate Agency or notify ALLSTATE INSURANCE COMPANY in writing of termination and allow 5 business days for ALLSTATE INSURANCE COMPANY to act on it. Should a policy be offered to me in an affiliate company, this agreement will remain in effect unless I contact my Allstate Agency or notify ALLSTATE INSURANCE COMPANY in writing of termination of this agreement. Termination will be effective within 5 business days. I understand I have the right to contact my financial institution to place a one-time stop payment.

# Confirmation notice for the Allstate® Easy Pay Plan

ALLSTATE INSURANCE COMPANY  
 18415 33RD AVE W SUITE A  
 LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOO  
 PO BOX 58  
 SILVER LAKE, WI 53170-0058

Information as of: September 02, 2020

**Policyholder:**  
 CYPRESS WAY CONDO C-O ASSC BOO

**Policy number:** 648686920

Your policy provided by  
**ALLSTATE INSURANCE COMPANY**

On September 02, 2020 you gave us 86920 as your authorization to have ALLSTATE INSURANCE COMPANY and its affiliates deduct insurance payments on your policy from the financial institution whose routing number is shown below. Please review the information on this document for accuracy. Changes to your automatic payment plan information or a request to be removed from the plan can be made by contacting your Allstate Agency.

You will be sent a schedule detailing withdrawal date(s) and amount(s) for the policy period. Please continue to pay all paper bills until you received this schedule. You will not be sent additional schedules for the policy period unless your monthly withdrawal amount(s) or your pay plan information changes.

Update Allstate when your financial information changes. Updates can be made by contacting your Allstate Agency.

**Keep this information with your important papers.**

## Your Allstate® Easy Pay Plan information:

Type of account	Checking
Routing number	325084426
Account number	XXXXXXXXXXXX9356
Withdrawal date	1st
Frequency of withdrawal	Monthly

Your Allstate Agency is **THE PLEASANT AGENCY**  
**For service please contact**  
 (425) 775-1920



CYPRESS WAY CONDOMINIUM OWNERS ASSN  
PO BOX 3408  
EVERETT, WA 98213-8408

1190  
19-9442/3250

09/10/2020 Date



Pay to the Order of KAB Consulting | \$ 175.00

One hundred seventy-five and 00/100 Dollars



HomeStreet Bank

1-800-719-8080 www.homestreet.com

For Management

MP

⑆325084426⑆ 5377809356⑈ 1190

Harland Clarke



1127 Poplar Place S  
Seattle, WA 98144

206.623.7100  
www.plantscapes.com

Number: RC151943  
Page: 1  
Date: 9/1/2020

**Sold To:** CYPRESS WAY CONDOMINIUMS  
C/O AK ELITE MANAGEMENT  
PO BOX 58  
SILVER LAKE, WI 53170  
  
Attn: KIM BERGESEN

**Ship To:** C/O AK ELITE MANAGEMENT  
PO BOX 58  
SILVER LAKE, WI 53170  
  
Attn: KIM BERGESEN

Reference - P.O. #	Customer No.	Salesperson	Ship Via	Terms Code
	CYP002			N30

Description/Comments	Amount
EXTERIOR MAINTENANCE	695.00
EXTERIOR CHEMICALS	13.00
EXTERIOR IRRIGATION	13.00
<u>Due Date</u> <u>Amount Due</u> <u>Disc. Date</u> <u>Disc. Amount</u>	
10/1/2020                      796.71                                           0.00	

Please note: A fuel surcharge may have been added to your invoice.

**Remit To:**  
Plantscapes, Inc.  
1127 Poplar Place South  
Seattle, WA 98144

WA                      46.87  
3110                    28.84

Subtotal before taxes	721.00
Total taxes	75.71
Total amount	796.71
Payment received	0.00
Discount taken	0.00
Amount due	796.71

**Invoice**

### Confirmation: Make Payment

The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Plantscapes ...P002	796.71	09/08/20	09/10/20	Electronic	YBCCR6G7

Pay **796.71** from CYPRESS WAY COA CHECKING, ...9356

### Installment Schedule

09/01/20	\$1,210.62

### Policy History – Recent Transaction History

07/29/2020	Payment Received	-\$1,210.62
08/11/2020	Premium installment fee	\$3.50

### What you should know

For each check, electronic transaction or other remittance which is not honored because of insufficient funds or a closed account, you will be charged \$25.00.

Please keep in mind that any changes you make to your policy may affect your policy premium, which will result in a revised Minimum Amount Due for any subsequent installments, if applicable.

We value your business and want to make sure your policy continues to protect you. Please make sure that we receive this installment payment by the due date so that you are not sent a cancellation notice. The cancellation notice will include the fees and the Minimum Amount Due for this installment.

If you choose to pay by check, your check authorizes us to electronically send information from the check to your bank for payment. This will result in a one-time electronic withdrawal from your checking account, which will appear on your bank statement. However, please note that we will not present your physical check to your bank or return it to you. We will destroy it following processing. We may withdraw funds from your account as soon as the same day we received your payment. Processing your check electronically will not enroll you in any automatic payment method.

### Terms of agreement for Allstate Easy Pay Plan

If you choose to apply for the Allstate Easy Pay Plan you will need to supply the following code 86920.

**Allstate Easy Pay Plan:** By using this code you authorize Allstate, its affiliates and the financial institution designated to deduct payments from your account through electronic funds transfer. All debit entries shall be initiated by Allstate to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policy as authorized and the entries shall constitute my receipt for the transaction(s). Direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on your schedule and you should continue to pay any paper bills sent to you prior to receiving the schedule. You may terminate the agreement at any time by contacting your Allstate Agency or notify us in writing.

If you have any questions, please contact your Allstate Representative.

# Commercial Package Policy Bill



ALLSTATE INSURANCE COMPANY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

Billing Date August 11, 2020

Policy Number 648686920

Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

<b>To pay in full</b>	<b>\$1,210.62</b>
Minimum premium amount due	\$1,207.12
Installment fee	\$3.50
<b>Minimum amount due by September 01, 2020</b>	<b>\$1,210.62</b>

You may pay the minimum, or any amount up to the remaining \$1,210.62 premium amount. If you pay less than \$1,210.62, we will charge the \$3.50 installment fee. You will be charged a \$3.50 installment fee each time you pay the minimum amount due or any amount between the minimum amount due and the pay in full amount. You can avoid paying installment fees if you pay the pay in full amount. In that case, you will not be sent a bill until your policy renewal, unless you make a change in coverage resulting in additional premiums. Please see the back of this bill for payment schedule and history.

Policy Period  
Effective October 01, 2019 through  
October 01, 2020

## Ways to pay

**My Account:** Now make your payments online. To register visit [myaccount.allstate.com](http://myaccount.allstate.com).

**On-Line Banking:** Be sure to enter 6486869201001 as the account number and P.O. Box 4344, Carol Stream, IL 60197-4344 as the payment address.

**Automatic Pay Plans:** Contact your Allstate agent to apply.

- Allstate® Easy Pay Plan - Your payments can be automatically deducted from your bank account. (You may be eligible for a discount and reduced installment fee).
- Recurring Credit Card - Your payments can be automatically deducted from your credit or branded debit card.

**Call Or Visit Your Allstate Agent or Send by Mail:** You may pay your bill by mail or contact your Allstate agent's office to pay using a one-time electronic check, check, credit or branded debit card.

Your Allstate Agency is **THE PLEASANT AGENCY**  
For service please contact  
(425) 775-1920

BI CW 02 01 15

Detach bottom portion here

**Go green.  
Go paperless.**

Switch to Paperless Delivery by registering for My Account at [Allstate.com](http://Allstate.com).

Return this portion with your payment	10/01
<b>To pay in full</b>	<b>\$1,210.62</b>
<b>Minimum amount due by September 01, 2020</b>	<b>\$1,210.62</b>

Amount enclosed

\$	.
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Please include your policy number. Allow five days for delivery. Make check or money order payable to ALLSTATE INSURANCE COMPANY

**ALLSTATE INSURANCE COMPANY**  
P. O. Box 4344  
Carol Stream, IL 60197-4344



Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO

Policy Number 648686920

Do not write address or policy change requests on this return portion, contact your agency.



010052WAE0000000000006486869200010018001210629001210629

### Confirmation: Make Payment

The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Allstate Insurance C ...6920	1,210.62	08/24/20	08/26/20	Electronic	ABRC46XD

Pay **1,210.62** from CYPRESS WAY COA CHECKING, ...9356



SECRET

CONFIDENTIAL  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

CONFIDENTIAL  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

CONFIDENTIAL - SECURITY INFORMATION

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CONFIDENTIAL  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION



1127 Poplar Place S  
Seattle, WA 98144

206.623.7100  
www.plantscapes.com

Number: 51574E  
Page: 1  
Date: 8/12/2020

Sold CYPRESS WAY CONDOMINIUMS  
To: PO BOX 58  
SILVER LAKE, WI 53170  
  
Attn: KIM BERGESEN

Ship PO BOX 58  
To: SILVER LAKE, WI 53170  
*updated*  
  
Attn: KIM BERGESEN

Reference - P.O. #	Customer No.	Salesperson	Ship Via	Terms Code
	CYP002			N30

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount
ES	EXTERIOR SUPPLIES	1.00000	EA	20.000000	20.00
IRR	EXT IRR - FIRST HR	1.00000	EA	125.000000	125.00
IRR	EXT IRR - ADDTL HR	1.00000	EA	90.000000	90.00
	<u>Due Date</u> <u>Amount Due</u> <u>Disc. Date</u>				
	9/11/2020                      259.68				
		<u>Disc. Amount</u>			0.00

Please note: A fuel surcharge may have been added to your invoice.

Remit To:  
Plantscapes, Inc.  
1127 Poplar Place South  
Seattle, WA 98144

WA 15.28  
3110 9.40

Subtotal before taxes	235.00
Total taxes	24.68
Total amount	259.68
Payment received	0.00
Discount taken	0.00
Amount due	259.68

**Invoice**

### Confirmation: Make Payment

✓ The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

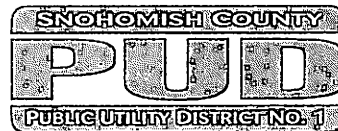
Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Plantscapes ...P002	259.68	08/24/20	08/26/20	Electronic	MB4C36XD

Pay **259.68** from CYPRESS WAY COA CHECKING, ...9356

## Payment Made Easy!

Online at [snopud.com/snopay](http://snopud.com/snopay): For no additional charge, pay using electronic funds transfer or Visa/MasterCard credit/debit card (one-time or recurring).

By telephone (toll-free): 1-888-909-4628



PO BOX 1100  
EVERETT, WA 98206-1100



**Customer Service .....425-783-1000**  
Text Telephone (TTY) Users ..... 711 or 1-800-833-6384  
Billing or Credit | Starting, Stopping or Transferring Service |  
Income-Qualified Assistance Programs | Street Light Repair

For assistance with:

New Construction or Remodeling.....425-783-8272  
Tree Trimming.....425-783-5579  
Call Before You Dig..... 811 or 1-800-424-5555  
Locating buried cable or pipe (2 working days' notice required)  
Energy Hotline (conservation programs) .....425-783-1700  
Water Utility .....425-397-3000

Toll-free outside the Everett local calling area and within Western Washington:  
1-877-783-1000

**Report Power Outage by Phone ..... 425-783-1001**

Toll-free outside Everett & within Western Washington..... 1-877-783-1001

**Report Power Outage Online..... [snopud.com/outages](http://snopud.com/outages)**

### Office Locations:

Everett Headquarters: 2320 California Street  
Arlington: 210 E. Division Street  
Lynnwood: 21014 - 63rd Avenue West  
Monroe: 120 E. Fremont Street  
Snohomish: 807 Rainier Street  
Stanwood: 9124 - 271st Street NW  
Water Operations Center: 3301 Old Hartford RD, Lake Stevens

### Office Hours (Monday - Friday, except holidays):

Everett Headquarters: 8:00 AM to 5:30 PM  
All other PUD offices: 8:00 AM to 5:00 PM  
Water Utility: 7:30 AM to 4:00 PM

Mail correspondence to:

Snohomish County PUD

P.O. Box 1107

Everett, WA 98206-1107

Mail bill payment to:

Snohomish County PUD

P.O. Box 1100

Everett, WA 98206-1100

[snopud.com](http://snopud.com)

FORM 5026 • 1/20

### FOR YOUR INFORMATION...

**Energy Charge:** The cost of the electricity that you consumed, measured in kilowatt-hours (kWh).

**Minimum Charge:** A fixed charge that assures that customers who use little or no electricity or water will at least pay the cost of having PUD service available.

**Customer Charge:** A charge that is added to the cost of water or electricity that covers the cost of providing water service or commercial electricity service. On new accounts, the customer charge begins when the meter is installed.

**Meter Readings:** Meters are read every month. Estimated meter reads are used only in certain situations when a reading cannot be obtained (e.g., inclement weather, locked gate, dogs, damaged meter, power outage).

**Multiplier:** If your meter multiplier is more than "1" on this billing statement, special metering equipment is used for your service. The difference between your previous and present reading is multiplied by this number to obtain the total kilowatt-hours used during the billing period.

**Kilowatt-hour (kWh):** For electric customers, the amount of power you consume is measured in kilowatt-hours. One kilowatt-hour is equal to 1 kilowatt of power used for one hour (the equivalent of ten 100-watt light bulbs used for one hour).

**Cubic Feet (CF) Water:** For water customers, the amount of water you consume is measured in cubic feet. One cubic foot of water equals 7.48 gallons. PUD water rates are billed in increments of 100 cubic feet of water used (748 gallons).

**Non-payment:** Payments received after the due date will be subject to a late fee of \$5 or 1% of the total, whichever is greater. If an electric or water account is not paid when due, the PUD may disconnect utility service after a notice is mailed to the customer. The bill may be assigned to a collection agency if it is not paid within 60 days after the final bill has been rendered.

**Project PRIDE:** You can help those in need of assistance pay their utility bill. Your gift is tax-deductible. Details at [snopud.com/projectpride](http://snopud.com/projectpride)

**Income-Qualified Assistance:** State law allows the PUD to grant discounts only to income-qualified customers. Details at [snopud.com/discounts](http://snopud.com/discounts)

**When you pay by check:** By sending your check, please be aware that you are authorizing Snohomish County PUD to use the information on your check to make a one-time EFT (electronic funds transfer) from your account at the financial institution indicated on your check. If we initiate the EFT, we will do so as soon as we receive your check. To avoid possible costs due to a rejected EFT, please make sure that the check is covered by funds already in your account before you mail us the check. Your check will not be returned to you. It will be imaged, and the original destroyed.

Your bill includes charges for electricity, delivery services, general administration and overhead, metering, taxes, conservation expenses, and other items. For water customers, your bill includes similar charges related to the provision of water.



# UTILITY INVOICE

Inv. 145001936

**SERVICE ADDRESS**

20901 CYPRESS WAY # D HSE  
LYNNWOOD WA 98036-7984

<b>TOTAL DUE</b>	<b>\$15.66</b>
<b>AMOUNT ENCLOSED</b>	\$
<b>DATE DUE</b>	<b>Sep. 04, 2020</b>
<b>ACCOUNT NUMBER</b>	<b>202311114</b>
<b>BILLING DATE</b>	Aug. 20, 2020



**CYPRESS WAY HOMEOWNERS**  
**C/O AK CONSULTING**  
**PO BOX 58**  
**SILVER LAKE WI 53170-0058**

PLEASE RETURN THIS STUB  
with check or money order payable to:  
"Snohomish County PUD"

**Thank You!**

08000000000202311114000001566000000002023111140000015661/

Detach and return this stub with payment.

When paying in person, present entire statement to obtain receipt.

CUSTOMER(S) CYPRESS WAY HOMEOWNERS	ACCOUNT NUMBER 202311114	UTILITY INVOICE Invoice# 145001936
---------------------------------------	-----------------------------	---------------------------------------

1

**IMPORTANT MESSAGES:**

For faster service, call our business line at 425-783-1012.  
Your invoice reflects a minimum charge based on the connected load.

**ACCOUNT ACTIVITY**

Previous Account Balance.....	\$16.20	
Payment Received Jul. 24, 2020 Thank You.....	16.20	CR
Balance Forward as of Aug. 20, 2020.....	0.00	
Current Charges / Activity:		
Utility Charges .....	15.66	
<b>TOTAL DUE</b>	<b>\$15.66</b>	
<b>Due Date for current charges only:</b>	<b>Sep. 04, 2020</b>	
<b>A \$5 or 1% late fee will apply after due date, details on back.</b>		

**DETAIL OF UTILITY CHARGES**

20901 CYPRESS WAY # D HSE LYNNWOOD Substation: FLORAL HILLS

Service: Electric Metered General Service - Small Load SCHED-25

Meter Number	Current Reading	Previous Reading	Difference	x Multiplier	= Usage
1000578330	267	263	4	1.0	4 KWH

Connected Load: 5.00 KW

<b>Service Dates:</b> Jul. 23, 2020 Aug. 20, 2020	<b>Days in Billing Period</b> 29
Connected Load in Excess of 10.00 KW .....	No Charge
Minimum Charge: 29 Days @ \$.54 Per Day .....	\$15.66
Service Charges *	\$15.66
<b>TOTAL UTILITY CHARGES</b>	<b>\$15.66</b>

\*PUD electric rates include a state public utility tax at 3.8734% - approximately \$.61 on this bill.

**Average Usage and Temperature Profile** (If you recently moved or your meter was changed, your historical usage data is not available.)

Meter Number	Your Average Use Per Day		Average Temperature Per Day -- Everett			
	Last Year	This Year	Last Year		This Year	
	0 KWH	0 KWH	Low	HI	Low	HI
1000578330	0 KWH	0 KWH	57 F	75 F	54 F	73 F



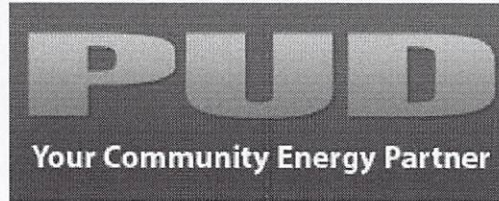
[Print](#) | [Close Window](#)

**Subject: Automatic Payment Confirmation**

**From: snopay@snopud.com**

**Date: Sat, Aug 22, 2020 3:27 am**

**To: kim@ksbconsulting.net**



Account Number: 202311114

---

Hello Cypress Way Condominium,

Your automatic payment for account 202311114 in the amount of **15.66** has been scheduled for **08/22/2020**.

[LOGIN TO SNOPLAY](#)

Thank you,

Snohomish County PUD

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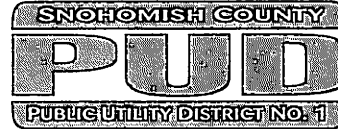
For questions regarding payment options, customer service regulations or company contact information, please visit [our website](#).

Copyright © 2003-2020. All rights reserved.

## Payment Made Easy!

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PO BOX 1100  
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P.O. Box 1107  
Everett, WA 98206-1107

#### Mail bill payment to:

Snohomish County PUD  
P.O. Box 1100  
Everett, WA 98206-1100

[snopud.com](http://snopud.com)

FORM 5026 • 1/20

#### FOR YOUR INFORMATION...

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**Meter Readings:** Meters are read every month. Estimated meter reads are used only in certain situations when a reading cannot be obtained (e.g., inclement weather, locked gate, dogs, damaged meter, power outage).

**Multiplier:** If your meter multiplier is more than "1" on this billing statement, special metering equipment is used for your service. The difference between your previous and present reading is multiplied by this number to obtain the total kilowatt-hours used during the billing period.

**Kilowatt-hour (kWh):** For electric customers, the amount of power you consume is measured in kilowatt-hours. One kilowatt-hour is equal to 1 kilowatt of power used for one hour (the equivalent of ten 100-watt light bulbs used for one hour).

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**Your bill includes charges for electricity, delivery services, general administration and overhead, metering, taxes, conservation expenses, and other items. For water customers, your bill includes similar charges related to the provision of water.**



# UTILITY INVOICE

Inv. 111988269

sнопud.com

Paid 07/24 - Entered in QB

### SERVICE ADDRESS

20901 CYPRESS WAY # D HSE  
LYNNWOOD WA 98036-7984



**CYPRESS WAY HOMEOWNERS**  
**AK CONSULTING**  
**PO BOX 58**  
**SILVER LAKE WI 53170-0058**

<b>TOTAL DUE</b>	<b>\$16.20</b>
<b>AMOUNT ENCLOSED</b>	\$
<b>DATE DUE</b>	<b>Aug. 06, 2020</b>
<b>ACCOUNT NUMBER</b>	<b>202311114</b>
<b>BILLING DATE</b>	Jul. 22, 2020

PLEASE RETURN THIS STUB  
with check or money order payable to:  
"Snohomish County PUD"

## Thank You!

080000000002023111140000016200000000002023111140000016200/

Detach and return this stub with payment.

When paying in person, present entire statement to obtain receipt.

### CUSTOMER(S)

CYPRESS WAY HOMEOWNERS

ACCOUNT NUMBER  
202311114

UTILITY INVOICE  
Invoice# 111988269

1

### IMPORTANT MESSAGES:

For faster service, call our business line at 425-783-1012.  
Your invoice reflects a minimum charge based on the connected load.

### ACCOUNT ACTIVITY

Previous Account Balance.....	\$18.90	
Payment Received Jun. 24, 2020 Thank You.....	18.90	CR
Balance Forward as of Jul. 22, 2020.....	0.00	
Current Charges / Activity:		
Utility Charges .....	16.20	
<b>TOTAL DUE</b>	<b>\$16.20</b>	
<b>Due Date for current charges only:</b>	<b>Aug. 06, 2020</b>	
<b>A \$5 or 1% late fee will apply after due date, details on back.</b>		

### DETAIL OF UTILITY CHARGES

20901 CYPRESS WAY # D HSE LYNNWOOD Substation: FLORAL HILLS

Service: Electric Metered General Service - Small Load SCHED-25

Meter Number	Current Reading	Previous Reading	Difference	x Multiplier	= Usage
1000578330	263	259	4	1.0	4 KWH

Connected Load: 5.00 KW

<b>Service Dates:</b>	<b>Jun. 23, 2020</b>	<b>Jul. 22, 2020</b>	<b>Days in Billing Period</b>	<b>30</b>	
Connected Load in Excess of 10.00 KW .....					No Charge
Minimum Charge: 30 Days @ \$.54 Per Day .....					\$16.20
			Service Charges *		\$16.20
			<b>TOTAL UTILITY CHARGES</b>		<b>\$16.20</b>

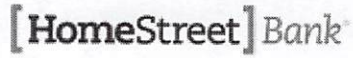
\*PUD electric rates include a state public utility tax at 3.8734% - approximately \$.63 on this bill.

### Average Usage and Temperature Profile (If you recently moved or your meter was changed, your historical usage data is not available.)

Meter Number	Your Average Use Per Day		Average Temperature Per Day -- Everett			
	Last Year	This Year	Last Year		This Year	
	Low	HI	Low	HI	Low	HI
1000578330	0 KWH	0 KWH	55 F	71 F	52 F	67 F







## Activity - Deposit Accounts

Report created: 09/09/2020 12:31:42 PM (ET)  
 Account: 325084426 • \*9356 • Checking • CYPRESS WAY COA CHECKING • Available \$18,858.24  
 Date range: 7/20/2020 to 8/6/2020  
 Transaction types: Selected transactions  
 Detail option: Includes transaction detail

### 325084426 • \*9356 • Checking • CYPRESS WAY COA CHECKING • Available \$18,858.24

<i>Post Date</i>	<i>Reference</i>	<i>Additional Reference</i>	<i>Description</i>	<i>Debit</i>	<i>Credit</i>	<i>Calculated Balance</i>
07/27/2020	21000029860215		ACH DEBIT RECEIVED PUDNO1-SNOHOMISH UTILITY 200727	\$16.20		\$16,375.43
08/06/2020	Totals			\$16.20	\$0.00	

**Policy Number**  
**648686920**  
 Endorsement No. 001

**SCHEDULE OF GENERAL LIABILITY CHANGES**  
**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
 12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

**CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.**

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 62003	Premium Basis Units	Premises/Operations	
Location	002/001	Exposure	05
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		Rate	Premium
		38.296	\$ -10.00
		Products/Completed Operations	
		Rate	Premium
			INCL

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 62003	Premium Basis Units	Premises/Operations	
Location	003/001	Exposure	02
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		Rate	Premium
		38.296	\$ -3.00
		Products/Completed Operations	
		Rate	Premium
			INCL

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 62003	Premium Basis Units	Premises/Operations	
Location	004/001	Exposure	05
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		Rate	Premium
		38.296	\$ -10.00
		Products/Completed Operations	
		Rate	Premium
			INCL

**THE FOLLOWING CLASS CODE INFORMATION IS:**

Code No.	Premium Basis	Premises/Operations	
Location		Exposure	
Classification:		Rate	Premium
		Products/Completed Operations	
		Rate	Premium

**Policy Number**  
**648686920**  
 Endorsement No. 001

**SCHEDULE OF GENERAL LIABILITY CHANGES**  
**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
 12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

**CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.**

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 73143	Premium Basis Number of Units	Premises/Operations	
Location ALL	Exposure 17	Rate	Premium
Classification: Board of Managers Liability			\$ -4.00
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 6601	Premium Basis Number of Employees	Premises/Operations	
Location ALL	Exposure 0 - 25	Rate	Premium
Classification: Employee Non-Owned Auto Liability			\$ -6.00
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 6619	Premium Basis Flat charge	Premises/Operations	
Location ALL	Exposure	Rate	Premium
Classification: Hired Auto Liability			\$ -4.00
		Products/Completed Operations	
		Rate	Premium

**THE FOLLOWING CLASS CODE INFORMATION IS: CHANGED**

Code No. 62003	Premium Basis Units	Premises/Operations	
Location 001/001	Exposure 05	Rate	Premium
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		38.296	\$ -10.00
		Products/Completed Operations	
		Rate	Premium
			INCL



**Policy Number**  
**648686920**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 30	01-10	COMMON POLICY CHANGE ENDORSEMENT
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS

GENERAL LIABILITY FORMS AND ENDORSEMENTS

DL CW 30	01-10	SCHEDULE OF GENERAL LIABILITY CHANGES
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**Policy Number**  
**648686920**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

DM CW 30 (cont.)

THE NAMED INSURED ON FORM DM CW 30 IS AMENDED TO READ:

CYPRESS WAY CONDO C-O ASSC  
BOOK SUP SVC



**Policy Number**  
**648686920**

**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 001

**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

**POLICY CHANGES ENDORSEMENT DESCRIPTION (CONTD)**

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.



**Policy Number**  
**648686920**

**THIS ENDORSEMENT CHANGES THE POLICY.**  
**PLEASE READ IT CAREFULLY.**  
**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 001

**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC BOOK SUP  
 (SEE NAMED INSURED ENDORSEMENT)

Effective Date: 10-01-20  
 12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

<input checked="" type="checkbox"/> Commercial Property	\$ -567.00
<input checked="" type="checkbox"/> Commercial General Liability	\$ -47.00
<input checked="" type="checkbox"/> Commercial Crime	\$ -4.00
<input type="checkbox"/> Commercial Inland Marine	
<input type="checkbox"/>	
<input type="checkbox"/>	

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read {See Additional Page(s)}

THE POLICY IS AMENDED AS FOLLOWS:  
 ENROLL CUSTOMER IN EASY PAY

THE FOLLOWING FORM(S) HAS BEEN DELETED:  
 XM CW 02 12-19 RENEWAL THANK YOU LETTER

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit
Additional	Return \$ -618.00

**Tax and Surcharge Changes**

Additional	Return
------------	--------

Countersigned By: \_\_\_\_\_ THE PLEASANT AGENCY  
 AUTHORIZED AGENT





CUSTOMER NUMBER: 367105

RUN DATE: 09-02-20

THE PLEASANT AGENCY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOOK SUP SVC  
PO BOX 58  
SILVER LAKE, WI 53170-0058

# Go green. Go paperless.

Switch to **Paperless Delivery**\* and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**  
on Allstate.com

\*State exceptions may apply



BU114-3

100002009026486869200201000010001006

Insured Full Copy





1127 Poplar Place S  
Seattle, WA 98144

206.623.7100  
www.plantscapes.com

Number: RC151155  
Page: 1  
Date: 8/1/2020

**Sold** CYPRESS WAY CONDOMINIUMS  
**To:** PO BOX 58  
SILVER LAKE, WI 53170  
  
**Attn:** KIM BERGESEN

**Ship** PO BOX 58  
**To:** SILVER LAKE, WI 53170  
  
**Attn:** KIM BERGESEN

Reference - P.O. #	Customer No.	Salesperson	Ship Via	Terms Code
	CYP002			N30

Description/Comments				Amount
EXTERIOR MAINTENANCE				695.00
EXTERIOR CHEMICALS				13.00
EXTERIOR IRRIGATION				13.00
<u>Due Date</u>	<u>Amount Due</u>	<u>Disc. Date</u>	<u>Disc. Amount</u>	
8/31/2020	796.71		0.00	

Please note: A fuel surcharge may have been added to your invoice.

**Remit To:**  
Plantscapes, Inc.  
1127 Poplar Place South  
Seattle, WA 98144

WA 46.87  
3110 28.84

<b>Subtotal before taxes</b>	721.00
<b>Total taxes</b>	75.71
<b>Total amount</b>	796.71
<b>Payment received</b>	0.00
<b>Discount taken</b>	0.00
<b>Amount due</b>	796.71

**Invoice**

### Confirmation: Make Payment

The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Plantscapes ...P002	796.71	08/10/20	08/12/20	Electronic	OBFCIGXS

Pay **796.71** from CYPRESS WAY COA CHECKING, ...9356

CYPRESS WAY CONDOMINIUM OWNERS ASSN  
PO BOX 3408  
EVERETT, WA 98213-8408

1117

19-8442/3250

08/10/2020

Date

CHECK AMOUNT  
TRADE PRACTICE

Pay to the  
Order of

*H&B Consulting*

\$ 175.00

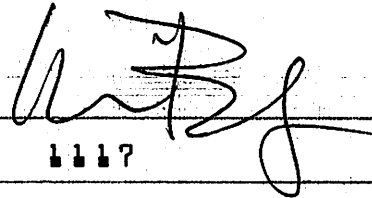
*One hundred seventy-five and <sup>00</sup>/<sub>100</sub> — Dollars*

Photo  
Safe  
Deposit  
Details on back

[HomeStreet] Bank

1-800-719-8080 www.homestreet.com

For *Management*



⑆325084426⑆ 5377809356⑈ 1117

Handed Clerk

### ACCOUNT BALANCE

ENTER ENDING CHECKING ACCOUNT BALANCE FROM THE FRONT OF THIS STATEMENT      \$ \_\_\_\_\_

+

ADD CHECKING DEPOSIT MADE BUT NOT SHOWN BY BANK      + \_\_\_\_\_

+

SUBTOTAL      \$ \_\_\_\_\_

ENTER TOTAL OUTSTANDING CHECKS AND OTHER WITHDRAWALS      - \_\_\_\_\_

ACCOUNT BALANCE      \$ \_\_\_\_\_

### REGISTER BALANCE

ENTER YOUR CHECKBOOK BALANCE      \$ \_\_\_\_\_

ADD DEPOSITS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER (POST IN YOUR REGISTER)      + \_\_\_\_\_

+

ADD ANY INTEREST PAID THIS PERIOD (POST IN YOUR REGISTER)      + \_\_\_\_\_

SUBTOTAL      \$ \_\_\_\_\_

SUBTRACT CHECKS AND WITHDRAWALS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER. (POST IN REGISTER)      - \_\_\_\_\_

-

SUBTRACT WITHHOLDING, IF ANY. (POST IN YOUR REGISTER)      - \_\_\_\_\_

SUBTRACT TOTAL SERVICES CHARGES AND FEES FROM FRONT OF THIS STATEMENT (POST IN YOUR REGISTER)      - \_\_\_\_\_

REGISTER BALANCE      \$ \_\_\_\_\_

LIST CHECKS AND OTHER WITHDRAWALS MADE BUT NOT SHOWN ON STATEMENT	
CHECK NUMBER OR DATE OF TRANSACTION	AMOUNT
<b>TOTAL</b>	

ENTER  
HERE

THESE  
SHOULD  
EQUAL

**IF THE ACCOUNT BALANCE DOES NOT BALANCE TO YOUR REGISTER BALANCE.**

1. Compare dollar amount of cancelled checks shown on your statement to your register.
2. Compare the dollar amount of your deposits shown on your statement to your register. If there is a difference, refer to your deposit receipts.
3. Be sure you subtracted all bank service charges and fees from your check register.
4. Be sure you recorded all cash machine and other transactions in your register.
5. For interest-earning checking account customers, be sure you added interest paid this period or subtracted withholding (if any).
6. Check all additions and subtractions in your check register.
7. If your account is still out of balance, notify your branch right away.

**Call 800-719-8080 toll free (TTY/TDD 855-584-0256) or visit homestreet.com**

HomeStreetBank, Operations Support,  
33405 8<sup>th</sup> Ave S, Suite 100, Federal Way, WA 98003

**PLEASE EXAMINE YOUR STATEMENT AND REPORT ANY IRREGULARITIES TO US. THIS STATEMENT WILL BE CONSIDERED CORRECT FOR ALL PURPOSES UNLESS YOU NOTIFY US.**

**(CONSUMERS ONLY) IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:**

**In Case of Errors or Questions About Your Electronic Transfers**  
Telephone us at 1-800-719-8080 or Write to us at the address on the bottom of your statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the **FIRST** statement on which the error or problem appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.  
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days for new accounts\*), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

\*An account is considered new if the electronic transfer occurs within 30 days after the first deposit is made.

# [ HomeStreet ] Bank

Operations Support  
33405 8th Ave S, Suite 100  
Federal Way, WA 98003

**Return Service Requested**

Page 1 of 1

00002469-0004937-0001-0001-TIMR8006430802202720

CYPRESS WAY CONDOMINIUM OWNERS ASSN  
C/O AK ELITE MANAGEMENT  
PO BOX 58  
SILVER LAKE WI 53170-0058

Last statement: June 30, 2020  
This statement: July 31, 2020  
Total days in statement period: 31

5328309051  
( 0 )

Direct inquiries to:  
800 719-8080

HomeStreet Bank  
601 Union St, Suite 2000  
Seattle WA 98101

00002469-0004937-0001-0001-TIMR8006430802202720(00002469)-000004939

## Business Statement Savings

Account number	5328309051
Low balance	\$14,020.12
Average balance	\$14,020.12
Interest paid year to date	\$11.14

### DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
06-30	Beginning balance			\$14,020.12
07-31	Interest Credit	1.19		14,021.31
07-31	Ending totals	1.19	.00	\$14,021.31

### INTEREST INFORMATION

Annual percentage yield earned	0.10%
Interest-bearing days	31
Average balance for APY	\$14,020.12
Interest earned	\$1.19

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total NSF Returned Item Fees	\$0.00	\$0.00



*Thank you for banking with HomeStreet Bank*

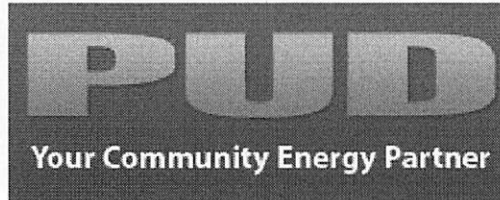
[Print](#) | [Close Window](#)

**Subject:** Your Snohomish PUD Bill has Arrived

**From:** snopay@snopud.com

**Date:** Thu, Jul 23, 2020 3:17 pm

**To:** kim@ksbconsulting.net



CYPRESS WAY HOMEOWNERS | Account Number: 202311114

---

Cypress Way, your bill is now available.

**\$16.20**

**Due on: 08/06/2020**

**VIEW & PAY**

If you are on Autopay, no action is needed.

Thank you!

Snohomish County PUD

---

For questions regarding payment options, customer service regulations or company contact information, please visit [our website](#).

Copyright © 2003-2020. All rights reserved.

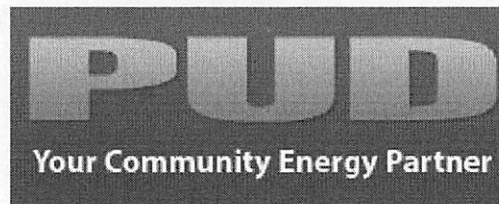
[Print](#) | [Close Window](#)

**Subject:** Automatic Payment Confirmation

**From:** snopay@snopud.com

**Date:** Fri, Jul 24, 2020 3:41 am

**To:** kim@ksbconsulting.net



Account Number: 202311114

---

Hello Cypress Way Condominium,

Your automatic payment for account 202311114 in the amount of **16.20** has been scheduled for 07/24/2020.

[LOGIN TO SNOPLAY](#)

Thank you,

Snohomish County PUD

---

For questions regarding payment options, customer service regulations or company contact information, please visit [our website](#).

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1127 Poplar Place S  
Seattle, WA 98144

206.623.7100  
www.plantscapes.com

Number: RC150318  
Page: 1  
Date: 7/1/2020

**Sold** CYPRESS WAY CONDOMINIUMS  
**To:** PO BOX 58  
SILVER LAKE, WI 53170  
  
**Attn:** KIM BERGESEN

**Ship** PO BOX 58  
**To:** SILVER LAKE, WI 53170  
  
**Attn:** KIM BERGESEN

Reference - P.O. #	Customer No.	Salesperson	Ship Via	Terms Code
	CYP002			N30

Description/Comments	Amount
EXTERIOR MAINTENANCE	695.00
EXTERIOR CHEMICALS	13.00
EXTERIOR IRRIGATION	13.00
<b>Due Date</b> <b>Amount Due</b> <b>Disc. Date</b> <b>Disc. Amount</b>	
7/31/2020              796.71                              0.00	

Please note: A fuel surcharge may have been added to your invoice.

**Remit To:**  
Plantscapes, Inc.  
1127 Poplar Place South  
Seattle, WA 98144


WA              46.87  
3110            28.84

<b>Subtotal before taxes</b>	721.00
<b>Total taxes</b>	75.71
<b>Total amount</b>	796.71
<b>Payment received</b>	0.00
<b>Discount taken</b>	0.00
<b>Amount due</b>	796.71

**Invoice**



### Confirmation: Make Payment

 The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Plantscapes ...P002	796.71	07/16/20	07/20/20	Electronic	DBOCCGLZ

Pay **796.71** from CYPRESS WAY COA CHECKING, ...9356

**Installment Schedule**

07/01/20	\$1,207.12
08/01/20	\$1,210.62
09/01/20	\$1,210.62

**Policy History – Recent Transaction History**

05/12/2020	Payment Received	-\$905.33

**What you should know**

For each check, electronic transaction or other remittance which is not honored because of insufficient funds or a closed account, you will be charged \$25.00.

Please keep in mind that any changes you make to your policy may affect your policy premium, which will result in a revised Minimum Amount Due for any subsequent installments, if applicable.

We value your business and want to make sure your policy continues to protect you. Please make sure that we receive this installment payment by the due date so that you are not sent a cancellation notice. The cancellation notice will include the fees and the Minimum Amount Due for this installment.

If you choose to pay by check, your check authorizes us to electronically send information from the check to your bank for payment. This will result in a one-time electronic withdrawal from your checking account, which will appear on your bank statement. However, please note that we will not present your physical check to your bank or return it to you. We will destroy it following processing. We may withdraw funds from your account as soon as the same day we received your payment. Processing your check electronically will not enroll you in any automatic payment method.

**Terms of agreement for Allstate Easy Pay Plan**

If you choose to apply for the Allstate Easy Pay Plan you will need to supply the following code 86920.

**Allstate Easy Pay Plan:** By using this code you authorize Allstate, its affiliates and the financial institution designated to deduct payments from your account through electronic funds transfer. All debit entries shall be initiated by Allstate to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policy as authorized and the entries shall constitute my receipt for the transaction(s). Direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on your schedule and you should continue to pay any paper bills sent to you prior to receiving the schedule. You may terminate the agreement at any time by contacting your Allstate Agency or notify us in writing.

**IMPORTANT NOTICE:** We thought you'd like to know that we have placed your policy back on a regular billing schedule. Therefore, please be sure to send us at least the Minimum Amount Due by the Due Date reflected on this bill. Without your payment, we would be required to cancel your policy. If you have any questions about your bill, please contact your agent.

If you have any questions, please contact your Allstate Representative.

# Commercial Package Policy Bill



ALLSTATE INSURANCE COMPANY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

Billing Date June 10, 2020

Policy Number 648686920

Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

<b>To pay in full</b>	<b>\$3,621.36</b>
Minimum premium amount due	\$1,207.12
Installment fee	\$0.00
<b>Minimum amount due by July 01, 2020</b>	<b>\$1,207.12</b>

You may pay the minimum, or any amount up to the remaining \$3,621.36 premium amount. If you pay less than \$3,621.36, we will charge the \$3.50 installment fee. You will be charged a \$3.50 installment fee each time you pay the minimum amount due or any amount between the minimum amount due and the pay in full amount. You can avoid paying installment fees if you pay the pay in full amount. In that case, you will not be sent a bill until your policy renewal, unless you make a change in coverage resulting in additional premiums. Please see the back of this bill for payment schedule and history.

Policy Period  
Effective October 01, 2019 through  
October 01, 2020

## Ways to pay

**My Account:** Now make your payments online. To register visit [myaccount.allstate.com](http://myaccount.allstate.com).

**On-Line Banking:** Be sure to enter **6486869201001** as the account number and P.O. Box 4344, Carol Stream, IL 60197-4344 as the payment address.

**Automatic Pay Plans:** Contact your Allstate agent to apply.

- Allstate® Easy Pay Plan - Your payments can be automatically deducted from your bank account. (You may be eligible for a discount and reduced installment fee).
- Recurring Credit Card - Your payments can be automatically deducted from your credit or branded debit card.

**Call Or Visit Your Allstate Agent or Send by Mail:** You may pay your bill by mail or contact your Allstate agent's office to pay using a one-time electronic check, check, credit or branded debit card.

**Go green.  
Go paperless.**

**Switch to Paperless Delivery  
by registering for My Account  
at [Allstate.com](http://Allstate.com).**

Your Allstate Agency is **THE PLEASANT AGENCY**  
For service please contact  
(425) 775-1920

BI CW 02 01 15

Detach bottom portion here

Return this portion with your payment	10/01
<b>To pay in full</b>	<b>\$3,621.36</b>
<b>Minimum amount due by July 01, 2020</b>	<b>\$1,207.12</b>

Amount enclosed

\$ .
------

Please include your policy number. Allow five days for delivery. Make check or money order payable to ALLSTATE INSURANCE COMPANY

**ALLSTATE INSURANCE COMPANY**  
P. O. Box 4344  
Carol Stream, IL 60197-4344



Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO

Policy Number 648686920

Do not write address or policy change requests on this return portion, contact your agency.

010052WAE0000000000006486869200010018001207125003621361

**Payment Details****Allstate Insurance Company, ...6920**

Amount: \$1,207.12  
 Paid from: CYPRESS WAY COA, ...9356  
 Category: None  
 Send on: 07/13/20 (Deliver by: 07/15/20)  
 Status: Scheduled   
 Confirmation number: QBKCPGW8  
 Delivery type: Electronic  
 Auto-pay: No

**Payment Audit History**

Action	Completed By	Paid From	Amount	Completed On
Created	KIM BERGESEN	CYPRESS WAY COA ...9356	\$1,207.12	07/13/20 10:31:37 AM CT
Approved	KIM BERGESEN	CYPRESS WAY COA ...9356	\$1,207.12	07/13/20 10:31:37 AM CT

[Print](#) | [Close Window](#)

**Subject:** RE: Cypress Way Homeowners  
**From:** Help <Help@awwd.com>  
**Date:** Tue, May 19, 2020 2:43 pm  
**To:** "kim@ksbconsulting.net" <kim@ksbconsulting.net>

Hello Kim,

I have reviewed the accounts,

Account 24001000-02 has a credit of \$1256.45, transferred to 24002000-02 as requested.  
Account 24002000-02 now has a balance of \$952.29 due June first.

I see both accounts are setup online, you will need to go to your wallet, add the payment method. After that go to autopay and set the frequency for both accounts. The accounts are not setup for ebills currently. If you want them to be emailed, please select paperless billing.  
Please let me know if you have questions or need help.

Thank you,

**Katie Courtney**  
Utility Billing Specialist II  
Finance Department  
Alderwood Water & Wastewater District  
3626 - 156th Street SW, Lynnwood, WA 98087  
Office: (425) 743-4605 • Fax: (425) 742-4562  
[www.awwd.com](http://www.awwd.com)

This e-mail message is a public document and may be subject to public disclosure if requested by another party.

---

**From:** kim@ksbconsulting.net  
**Sent:** Tuesday, May 19, 2020 9:18 AM  
**To:** Help <Help@awwd.com>  
**Subject:** Cypress Way Homeowners

**CAUTION:** This email came from outside AWWD. Tip #4 COVID-19 has changed how we work.  
Inspect this email for signs of Phishing.

Can you please help me I am trying to set up autopayment for Cypress Way ;  
there are 2 accounts - 24002000-02 and 24001000-02

We tried but wrong account was accidental set up, then we deleted it and tried to do it again  
and now it will not work.

Also 2400100-02 has a balance of 1256.45 it was in error paid instead of 2400200-02 can  
that balance be transfered over

Thank you

Kim Stratton (Bergesen)

[Print](#) | [Close Window](#)

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Please let me know if you have questions or need help.

Thank you,

**Katie Courtney**  
Utility Billing Specialist II  
Finance Department  
Alderwood Water & Wastewater District  
3626 - 156th Street SW, Lynnwood, WA 98087  
Office: (425) 743-4605 • Fax: (425) 742-4562  
[www.awwd.com](http://www.awwd.com)

This e-mail message is a public document and may be subject to public disclosure if requested by another party.

---

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Kim Stratton (Bergesen)

### Confirmation: Make Payment

The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Alderwood Water & Wa ...0002	952.29	06/02/20	06/04/20	Electronic	YBDCD5LN

Pay **952.29** from CYPRESS WAY COA CHECKING, ...9356

**Installment Schedule**

08/05/20	\$1,210.62
09/01/20	\$1,210.62

**Policy History – Recent Transaction History**

07/15/2020	Payment Received	-\$1,207.12
07/15/2020	Premium installment fee	\$3.50

**What you should know**

For each check, electronic transaction or other remittance which is not honored because of insufficient funds or a closed account, you will be charged \$25.00.

Please keep in mind that any changes you make to your policy may affect your policy premium, which will result in a revised Minimum Amount Due for any subsequent installments, if applicable.

We value your business and want to make sure your policy continues to protect you. Please make sure that we receive this installment payment by the due date so that you are not sent a cancellation notice. The cancellation notice will include the fees and the Minimum Amount Due for this installment.

If you choose to pay by check, your check authorizes us to electronically send information from the check to your bank for payment. This will result in a one-time electronic withdrawal from your checking account, which will appear on your bank statement. However, please note that we will not present your physical check to your bank or return it to you. We will destroy it following processing. We may withdraw funds from your account as soon as the same day we received your payment. Processing your check electronically will not enroll you in any automatic payment method.

**Terms of agreement for Allstate Easy Pay Plan**

If you choose to apply for the Allstate Easy Pay Plan you will need to supply the following code 86920.

**Allstate Easy Pay Plan:** By using this code you authorize Allstate, its affiliates and the financial institution designated to deduct payments from your account through electronic funds transfer. All debit entries shall be initiated by Allstate to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policy as authorized and the entries shall constitute my receipt for the transaction(s). Direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on your schedule and you should continue to pay any paper bills sent to you prior to receiving the schedule. You may terminate the agreement at any time by contacting your Allstate Agency or notify us in writing.

If you have any questions, please contact your Allstate Representative.



# Commercial Package Policy Bill



ALLSTATE INSURANCE COMPANY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

Billing Date July 15, 2020

Policy Number 648686920

Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO  
PO BOX 58  
SILVER LAKE, WI 53170-0058

<b>To pay in full</b>	<b>\$2,414.24</b>
Minimum premium amount due	\$1,207.12
Installment fee	\$3.50
<b>Minimum amount due by August 05, 2020</b>	<b>\$1,210.62</b>

You may pay the minimum, or any amount up to the remaining \$2,414.24 premium amount. If you pay less than \$2,414.24, we will charge the \$3.50 installment fee. You will be charged a \$3.50 installment fee each time you pay the minimum amount due or any amount between the minimum amount due and the pay in full amount. You can avoid paying installment fees if you pay the pay in full amount. In that case, you will not be sent a bill until your policy renewal, unless you make a change in coverage resulting in additional premiums. Please see the back of this bill for payment schedule and history.

Policy Period  
Effective October 01, 2019 through  
October 01, 2020

## Ways to pay

**My Account:** Now make your payments online. To register visit [myaccount.allstate.com](http://myaccount.allstate.com).

**On-Line Banking:** Be sure to enter **6486869201001** as the account number and P.O. Box 4344, Carol Stream, IL 60197-4344 as the payment address.

**Automatic Pay Plans:** Contact your Allstate agent to apply.

- Allstate® Easy Pay Plan - Your payments can be automatically deducted from your bank account. (You may be eligible for a discount and reduced installment fee).
- Recurring Credit Card - Your payments can be automatically deducted from your credit or branded debit card.

**Call Or Visit Your Allstate Agent or Send by Mail:** You may pay your bill by mail or contact your Allstate agent's office to pay using a one-time electronic check, check, credit or branded debit card.

**Go green.  
Go paperless.**

**Switch to Paperless Delivery  
by registering for My Account  
at [Allstate.com](http://Allstate.com).**

Your Allstate Agency is THE PLEASANT AGENCY  
For service please contact  
(425) 775-1920

BI CW 02 01 15

Detach bottom portion here

Return this portion with your payment	10/01
<b>To pay in full</b>	<b>\$2,414.24</b>
<b>Minimum amount due by August 05, 2020</b>	<b>\$1,210.62</b>

Amount enclosed

\$ .
------

Please include your policy number. Allow five days for delivery. Make check or money order payable to ALLSTATE INSURANCE COMPANY

**ALLSTATE INSURANCE COMPANY**  
P. O. Box 4344  
Carol Stream, IL 60197-4344



Policyholder  
CYPRESS WAY CONDO C-O ASSC BOO

Policy Number 648686920

Do not write address or policy change requests on this return portion, contact your agency.



010052WAE0000000000006486869200010018001210629002417744

### Confirmation: Make Payment

The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Allstate Insurance C ...6920	1,210.62	07/27/20	07/29/20	Electronic	ABSCXG1W

Pay **1,210.62** from **CYPRESS WAY** COA CHECKING, ...9356

CYPRESS WAY CONDOMINIUM OWNERS ASSN  
PO BOX 3408  
EVERETT, WA 98213-8408

1189

19-8442/3250

07/10/2020

Date

CHECK ARMOR  
PROTECTION

Pay to the  
Order of

*H S B Consulting*

\$ 175.00

*One hundred seventy-five and 00/100* — Dollars



Photo  
Safe  
Deposit  
Details on back

[HomeStreet] Bank

1-800-719-8080 www.homestreet.com

For *Management*

*[Signature]*

MP

⑆325084426⑆ 5377809356⑆ 1189

Harland Clarke

**CERTIFICATE OF INSURANCE – CONDOMINIUM**

COVERAGE AFFORDED BY THE POLICY IS PROVIDED BY THE ALLSTATE INSURANCE COMPANY		
<b>Master Policy Number</b>		<b>Condominium Unit Number</b>
648686920		2
<b>MASTER POLICY</b>		
Insured's Name CYPRESS WAY CONDO C-O ASSC BOOK SUP		
Mailing Address of Premises 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>UNIT OWNER</b>		
Name PETER LETOYA AND SOTI SANTAMO		
AKA -		
Location of Premises 20901 CYPRESS WAY B LYNNWOOD, WA 98036		
Mailing Address of Premises 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>COVERAGE SUMMARY</b> Consult master policy for specific coverages and exclusions.		
<b>PROPERTY INSURANCE</b> (Bldgs)	<b>POLICY TYPE</b>	<b>GENERAL LIABILITY INSURANCE</b>
Coverage Amount	<input checked="" type="checkbox"/> Special Form	<b>Limit of Liability</b>
\$ 3,489,760	<input type="checkbox"/> Broad	GENERAL AGGREGATE
	<input type="checkbox"/> Basic	
	<input checked="" type="checkbox"/> Replacement Cost	(Other than products-Completed Operations) \$ 4,000,000
Deductible	<input type="checkbox"/> Actual Cash Value	PRODUCTS COMPLETED OPERATIONS AGGREGATE \$ 4,000,000
\$ 1,000	<input type="checkbox"/> Agreed Value	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> Other	PHYSICAL DAMAGE \$ 100,000 ANY ONE LOSS
		MEDICAL EXPENSE \$ 5,000 ANY ONE PERSON
<b>Additional Coverages</b>		
BOARD OF MANAGERS, FIDELITY COVERAGE, ORDINANCE OR LAW COVERAGE, WATER DAMAGE, EQUIPMENT BREAKDOWN		
<b>Description</b>		
POLICY INCEPTION DATE: 10-01-2020		
POLICY EXPIRATION DATE: 10-01-2021		
<b>NOTICE TO UNIT - OWNER</b>		
This policy does not include coverage for household contents or individual personal property of individual unit owners or individual unit owners personal liability.		
<b>UNIT OWNER MORTGAGEE</b>		
The policy contains a Mortgage Clause in favor of:		
<b>Mortgage</b>	BECU INSURANCE PROCESSING CENTER	
<b>Address</b>	PO BOX 58570 TUKWILA, WA 98138	
<b>Loan #</b>	4141817	
<b>CERTIFICATE PERIOD</b>		
This Certificate will remain in force from the inception of the policy until the policy is cancelled, expires or not renewed.		
POLICY INCEPTION DATE	10-01-2020	<input checked="" type="checkbox"/> 12:01 A.M
Standard Time at the location of the insured premises		
<b>PROVISIONS</b>		

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.

**Note to Mortgagee:**

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



**CERTIFICATE OF INSURANCE – CONDOMINIUM**

COVERAGE AFFORDED BY THE POLICY IS PROVIDED BY THE ALLSTATE INSURANCE COMPANY		
<b>Master Policy Number</b>		<b>Condominium Unit Number</b>
648686920		2
<b>MASTER POLICY</b>		
<b>Insured's Name</b> CYPRESS WAY CONDO C-O ASSC BOOK SUP		
<b>Mailing Address of Premises</b> 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>UNIT OWNER</b>		
<b>Name</b> PETER LETOYA AND SOTI SANTAMO		
AKA -		
<b>Location of Premises</b> 20901 CYPRESS WAY B LYNNWOOD, WA 98036		
<b>Mailing Address of Premises</b> 20901 CYPRESS WAY UNIT 2 LYNNWOOD, WA 98036-7984		
<b>COVERAGE SUMMARY</b> Consult master policy for specific coverages and exclusions.		
<b>PROPERTY INSURANCE</b> (Bldgs)	<b>POLICY TYPE</b>	<b>GENERAL LIABILITY INSURANCE</b>
<b>Coverage Amount</b>	<input checked="" type="checkbox"/> Special Form	<b>Limit of Liability</b>
\$ 3,489,760	<input type="checkbox"/> Broad	GENERAL AGGREGATE
	<input type="checkbox"/> Basic	
	<input checked="" type="checkbox"/> Replacement Cost	(Other than products-Completed Operations) \$ 4,000,000
<b>Deductible</b>	<input type="checkbox"/> Actual Cash Value	PRODUCTS COMPLETED OPERATIONS AGGREGATE \$ 4,000,000
\$ 1,000	<input type="checkbox"/> Agreed Value	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> Other	PHYSICAL DAMAGE \$ 100,000 ANY ONE LOSS
		MEDICAL EXPENSE \$ 5,000 ANY ONE PERSON
<b>Additional Coverages</b>		
BOARD OF MANAGERS, FIDELITY COVERAGE, ORDINANCE OR LAW COVERAGE, WATER DAMAGE, EQUIPMENT BREAKDOWN		
<b>Description</b>		
POLICY INCEPTION DATE: 10-01-2020 POLICY EXPIRATION DATE: 10-01-2021		
<b>NOTICE TO UNIT-OWNER</b>		
This policy does not include coverage for household contents or individual personal property of individual unit owners or individual unit owners personal liability.		
<b>UNIT OWNER MORTGAGEE</b>		
The policy contains a Mortgage Clause in favor of:		
<b>Mortgage</b>	GUILD MORTGAGE COMPANY ITS SUCCESSORS &/OR ASSIGNS	
<b>Address</b>	PO BOX 85304 SAN DIEGO, CA 92186-5304	
<b>Loan #</b>	8611015171	
<b>CERTIFICATE PERIOD</b>		
This Certificate will remain in force from the inception of the policy until the policy is cancelled, expires or not renewed.		
<b>POLICY INCEPTION DATE</b>	10-01-2020	<input checked="" type="checkbox"/> 12:01 A.M
		Standard Time at the location of the insured premises
<b>PROVISIONS</b>		

This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.

**Note to Mortgagee:**

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.



**Policy Number**  
**648686920**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS



**Policy Number**  
**648686920**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

Named Insured CYPRESS WAY CONDO C-O ASSC

Effective Date: 10-01-20  
12:01 A.M., Standard Time

Agent Name THE PLEASANT AGENCY

CERTIF21 (cont.)

THE NAMED INSURED ON FORM CERTIF21 IS AMENDED TO READ:

CYPRESS WAY CONDO C-O ASSC  
BOOK SUP SVC





CUSTOMER NUMBER: 367105

RUN DATE: 09-16-20

THE PLEASANT AGENCY  
18415 33RD AVE W SUITE A  
LYNNWOOD, WA 98037

CYPRESS WAY CONDO C-O ASSC BOOK SUP SVC  
PO BOX 58  
SILVER LAKE, WI 53170-0058

# Go green. Go paperless.

Switch to **Paperless Delivery\*** and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**  
on [Allstate.com](http://Allstate.com)

\*State exceptions may apply



BU114-3

104002009166486869200301000010001005

Insured Full Copy



**Cypress Way Condominium**  
**Profit & Loss**  
January through September 2020

	<u>Jan - Sep 20</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Homeowners Dues	34,132.77
Interest Income	27.17
	<hr/>
<b>Total Income</b>	<b>34,159.94</b>
<b>Expense</b>	
Bank Transfer	0.00
Fire Inspection	360.00
Fire Instiguisher	308.30
Insurance Expense	7,260.18
Landscaping and Groundskeeping	
Backflow	40.00
Irrigation	2,390.13
Landscaping and Groundskeeping - Other	5,099.59
	<hr/>
<b>Total Landscaping and Groundskeeping</b>	<b>7,529.72</b>
licensing	50.00
Property Management Fees	1,575.00
Reserve fundng	500.00
Taxes	50.00
Trees	2,083.25
Utilities	
Electricity	150.12
Irrigation	137.14
Water & Sewer	6,811.22
	<hr/>
<b>Total Utilities</b>	<b>7,098.48</b>
	<hr/>
<b>Total Expense</b>	<b>26,814.93</b>
	<hr/>
<b>Net Ordinary Income</b>	<b>7,345.01</b>
	<hr/>
<b>Net Income</b>	<b>7,345.01</b>
	<hr/> <hr/>

# Cypress Way Condominium Balance Sheet

As of September 30, 2020  
Sep 30, 20

## ASSETS

### Current Assets

#### Checking/Savings

Homestreet - Checking	15,854.09
Homestreet - Savings	17,022.50
Operating - Checking	1,166.47
Savings - Reserves (US Bank)	<u>82,069.22</u>

Total Checking/Savings 116,112.28

#### Accounts Receivable

Accounts Receivable 3,487.55

Total Accounts Receivable 3,487.55

Total Current Assets 119,599.83

**TOTAL ASSETS** 119,599.83

## LIABILITIES & EQUITY

### Equity

Opening Balance Equity 92,092.40

Prior Years 20,162.42

Net Income 7,345.01

Total Equity 119,599.83

**TOTAL LIABILITIES & EQUITY** 119,599.83