

LASER PRINTED FORM

UCC-2
COUNTY AUDITOR
Fixture Filing

WHEN RECORDED RETURN TO:

Name SKAGIT STATE BANK

Address 901 S. Cleveland
P.O. Box 339

City, State, Zip Mount Vernon, WA 98273

THIS SPACE PROVIDED FOR RECORDER'S USE:

JERRY MONTURE
SKAGIT COUNTY AUDITOR

'94 AUG 23 A9:31

RECORDED _____ FILED _____
REQUEST OF _____

9408230026

1. Debtor(s): (last name first, and mailing address(es))

MOUNT VERNON TERMINAL RAILWAY INC
PO BOX 216
CLEAR LAKE, WA 98235

2. Secured Party(ies) and address(es):

3. Assignee(s) of Secured Party(ies) and address(es):

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.
POLE BUILDINGS, TRACK, BUMPERS & FIXTURES LOCATED AT FIR & ALDER ST., NEAR COLLEGE WAY, MOUNT VERNON WA-COUNTY OF SKAGIT.

This Financing Statement is to be recorded in the real estate records.

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles, and accounts proceeds), together with the following specifically described property: TWO POLE BUILDINGS; ONE 50X60-800 SQ FT WITH METAL ROOF & SIDING AND ONE 14X45-630 SQ FT WITH METAL ROOF & SIDING INCLUDING INLAID TRACKS AND BUMPERS.

4. ☒ The debtor is the record owner.

5. This statement is signed by the Secured Party(ies) instead of the Debtor(s) to perfect a security interest in collateral: (Please check appropriate box)

- (a) ☐ already subject to security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or
- (b) ☐ which is proceeds of the original collateral described above in which a security interest was perfected, or
- (c) ☐ as to which the recording has lapsed, or
- (d) ☐ acquired after a change of name, identity, or corporate structure of the debtor(s).

6. Complete fully if box (d) is checked:

complete as applicable for (a), (b), and (c):

Original recording number _____

Office where recorded _____

Former name of debtor(s) _____

Dated _____

MOUNT VERNON TERMINAL RAILWAY INC :

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

USE IF APPLICABLE

SKAGIT STATE BANK

TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON

COPY 1 - COUNTY AUDITOR

9408230026

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