

WHEN RECORDED RETURN TO:

Skagit State Bank
301 E. Fairhaven Ave.
P.O. BOX 285
Burlington, WA 98233

KATHY HILL
SKAGIT STATE BANK

'99 APR 29 A10:34

990-1290070

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) BLUE SKY TRAVEL AGENCY, INC. TIN: 911334676 501 COMMERCIAL AVE ANACORTES, WA 98221-1728	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank Home Office / Letter of Cr. 301 E. Fairhaven Ave. P.O. BOX 285 Burlington, WA 98233	3. Assignee(s) of Secured Party(ies):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: 3772-023-010-0000 Additional on page _____
Short Legal Description: _____ Additional on page _____

Assessor's Tax Parcel ID#: P-55005
Legal Description:

Plat of Anacortes, West 1/2 of N 1/2 of Lot 6. North 1/2 of Lot 7
North 50' Lots 8-10, Block 23

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:

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 April 19, 19 99

DOROTHY PIAZZA, Secretary

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

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

COPY 1 - COUNTY AUDITOR

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

990-1290070

BK1981 PG0590