

WHEN RECORDED RETURN TO:

Skagit State Bank
P.O. Box 339
Mt. Vernon, WA 98273



200001180003

Kathy Hill, Skagit County Auditor
1/18/2000 Page 1 of 1 8:35:13AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) IVERSON, MARK MARK'S ON PINE SQUARE SSN: 91-1360268 P O BOX 5 MOUNT VERNON, WA 98273	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 901 S CLEVELAND P O BOX 339 MOUNT VERNON, WA 98273	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: **P-91991-S**

Additional on page _____

Short Legal Description: **A PTN OF LOT 7, BLK C, GATES 1ST & 2ND ADD.**

Additional on page _____

Assessor's Tax Parcel ID#: **3700-029-008-0206**

Legal Description: **THE EAST 65 FEET OF THE SOUTH 21.7 FEET OF LOT 7, BLOCK "C", "MAP OF MOUNT VERNON, GATES 1ST AND 2ND ADDITIONS TO MOUNT VERNON", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 98, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.**

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All furniture, fixtures and leasehold improvements of every kind, age, make, and description used in the operation of Mark's on Pine Square; including but not limited to the following; all inventory, signs, light fixtures, blinds, shelves, display cases, and other miscellaneous.

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 _____, 19____.

Iverson, Mark

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