

WHEN RECORDED RETURN TO:



200006220002

Kathy Hill, Skagit County Auditor

6/22/2000 Page 1 of 1 8:59:36AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) A D & SUPPLY, INC. TIN: 91-1546705 P O BOX 1615 ANACORTES, WA 98221	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 1400 COMMERCIAL AVE P O BOX 36 ANACORTES, WA 98221	3. Assignee(s) of Secured Party(ies):
---	--	---------------------------------------

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: **PROP. ID #R57317**

Additional on page _____

Short Legal Description: _____

Additional on page _____

Assessor's Tax Parcel ID#: _____

Legal Description: **LOTS 1 AND 2, BLOCK 3, PLAT OF HENSLER'S FIRST ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS, PAGE 46, RECORDS OF SKAGIT COUNTY, WASHINGTON; SITUATED IN SKAGIT COUNTY, WASHINGTON.**

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;

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 _____, 20____

A D & SUPPLY, INC., HUGH M ANDERSON, PRESIDENT and A D & SUPPLY, INC., SANDY ANDERSON, SEC/TREAS.

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

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

[Signature]
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

SKAGIT STATE BANK
[Signature]
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

COPY 1 - COUNTY AUDITOR

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON