

WHEN RECORDED RETURN TO:

Skagit State Bank
1400 Commercial Ave
P O Box 36
Anacortes, WA 98221



200111060050
Skagit County Auditor
11/6/2001 Page 1 of 1 9:02:05AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s) (last name first, and mailing address(es)) FRONTIER INDUSTRIES TIN: 91-0903713 909 26TH ST ANACORTES, WA 98221-2822	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):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: _____ Additional on page _____
Short Legal Description: _____ Additional on page _____

Assessor's Tax Parcel ID#: **P57336**

Legal Description: **Hensler's 1st Addition to the City of Anacortes
Lots 8, 9 & 10 Block 5**

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): LOCATED AT 909 26TH STREET, ANACORTES WA 98221, SKAGIT COUNTY.

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 11-2, 20 01

E. MIKE JOHNSON, PRESIDENT and TERRY JOHNSON, V.P.

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