

WHEN RECORDED RETURN TO:

Horizon Bank  
Commercial Loan Servicing Center  
PO Box 580  
Bellingham, WA 98227



200112270120  
Skagit County Auditor

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FIRST AMERICAN TITLE CO.

67138

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) <b>Tucker, Mitchell F SSN:</b> [REDACTED] <b>Tucker, Valerie J SSN:</b> [REDACTED] <b>Po Box 449</b> <b>Burlington, WA 98233</b>	2. Grantee(s)/Assignee/Beneficiary: <b>Horizon Bank</b> <b>PO Box 642 / 1020 South Burlington Blvd</b> <b>Burlington, WA 98233</b>	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: **Tract 3, "Northsound Commercial"**

Assessor's Tax Parcel ID#: **4392-000-003-0005**  
Legal Description: **Tract 3, "PLAT OF NORTHSOUND COMMERCIAL PARK",**  
**as per plat recorded in Volume 12 of Plats, page 46, records of 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; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

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

(c)  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 12-27- 2001

**MITCHELL F TUCKER**  
**VALERIE J TUCKER**  
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

*Mitchell F Tucker Valerie J Tucker*  
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

COPY 1 - COUNTY AUDITOR

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

*Felix DeLeon*  
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON