UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Beth Miller 360 848-2110

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Frontier Bank
Mount Vernon
119 E College Way
Mount Vernon, WA 98273

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	The state of the s	SPACE IS FO	DR FILING OFFICE US	E ONLY
DEBTOR'S EXACT FULL LEGAL NAME insert only one debtor name (1a Talling Group LLC Starlight Group LLC	or 1b) - do not abbreviate or combine names			
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 976 Fountain St	CITY Burlington	STATE WA	POSTAL CODE 98233	COUNTRY
91-1995128 ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR LImited Liability Co.	11. JURISDICTION OF ORGANIZATION WA	1g. ORGANIZATIONAL ID #, if any 601972571 NONE		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME insertionly one de 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	ebtor name (2a or 2b) - do not abbreviate or com	bine names MIDOLE (VAME.	Isuffix
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID # SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2 JURISDICTION OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Frontier Bank	S/P) - insert only one secured party name (3a or	3b)		
36. INCAVICUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS 119 E College Way, PO Box 1123	Mount Vernon	STATE	POSTAL CODE 98273	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

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)

LOTS 1,2, AND 3, BINDING SITE PLAN NO. BURL-1-99, APPROVED MAY 1, 2000, RECORDED MAY 3, 2000, UNDER AUDITOR'S FILE NO. 200005030013 AND BEING A PORTION OF THE NORTHWEST 1/4 OF SECTION 32, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

The Real Property or its address is commonly known as 976,980,984,988,992,996,1000 FOUNTAIN ST, BURLINGTON, WA 98233. The Real Property tax identification number is 8027-000-001-0000, 8027-000-002-0000, 8027-000-003-0000.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL STATE RECORDS. Attach Addendum. If applicable 7. Check to REQUEST SEARCH RE	PORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	

NAME OF FIRST DEBTOR (1a or 1b	k) CAREFULLY)) ON RELATED FINANCING ST	ATEMENT			
9a: ORGANIZATION'S NAME					
Starlight Group LLC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAMÉ,SUFI	FIX		
MISCELLANEOUS:					
A Company of the Comp			THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only or	e debtor name (11a or 11b) - do	not abbreviate or combine names		
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO R ORGANIZATIO DEBTOR	RE 1116. TYPE OF ORGANIZATION	11f. JURISDICTION OF OF	RGANIZATION 11g. ORG	GANIZATIONAL ID#, if ar	ıy D
ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)		
12a. ORGANIZATION'S NAME	The state of the s	77			
		« /	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE		
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers collateral, or is filed as a fixture filling. Description of real estate:	timber to be cut or as-extracted	16. Additional collateral de	escription:		
ots 1, 2, and 3, binding site placed in the county of Skagit, State of the placed in the county of Skagit, State of the placed in the placed i	000, under auditor's file No. ion of the northwest 1/4 o ange 4 east, W.M. Situate	i I was a said of the said			
Name and address of a RECORD OWNER (if Debtor does not have a record interest):					
		17. Check only if applicab	le and check <u>only</u> one box. Trustee acting with respect to prop	erty held in trust or	Pecedent's Estate
			le and check only one box.	773	
		Debtor is a TRANSMIT	"Programme"		

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