



200206180062

Skagit County Auditor

6/18/2002 Page 1 of 1 11:38AM

WHEN RECORDED RETURN TO:

Skagit State Bank
901 S Cleveland St, P O Box 339
Mount Vernon, WA 98273

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) ORGANIC MATTERS, INC. TIN: 91-1699670 P.O. BOX 679 MOUNT VERNON, WA 98257	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 901 S Cleveland St 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-74071
Short Legal Description: P-74071

Additional on page _____

Additional on page _____

Assessor's Tax Parcel ID#: 4123-019-011-000
Legal Description: LA CONNER N 2FT OF W1/2 OF LOT 10 & W1/2 OF LOT 11 BLK S ALSO
THE PTN OF W1/2 OF LT 10 IN SD BLK S DAF BAAP 2FT S & 2

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 707 S. 1st St., LaConner, WA. 98257 and used in the operation of Organic Matters, Inc.

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_____

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

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

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

Michelle Belanger
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

COPY 1 - COUNTY AUDITOR

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON