WHEN RECORDED RETURN TO:

Skagit State Bank 301 E Fairhaven Ave, P O Box 285 Burlington, WA 98233



WASHINGTON UCC-2 COUNTY	AUDITOR FIXTURE FILING
1. Grantor(s): (last name first, and mailing address(es))  MAXWELL, MIGNONNE SSN: E  MAXWELL'S UNCOMMON GARDEN  STORE  280 N BURLINGTON BLVD  BURLINGTON, WA 98233	anch
THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFI	XED TO THE FOLLOWING DESCRIBED PROPERTY.
Reference Number: BURLINGTON LOTS 12 & 13 BLK 94, DK 12,S Short Legal Description: BURLINGTON LOTS 12 & 13, BLK 94, DK	32,t35N, R4E Additional on page 12
Assessor's Tax Parcel ID#: 40760940130108 Legal Description:	Additional on page
including but not limited  THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PR  s). All furniture and fixtures of every ago owned or hereafter acquired, whether for to which borrower obtained rights incling: office equipment, phones, fax mac aontainers plants and all other miscel the debtor is the record owner. Maxwells Uncommon Gas  5. This statement is signed by the Secured Party(les)instead of the Debtor(s) to posecurity interest in collateral: (Please check appropriate box)  (a) already subject to security interest in another jurisdiction when it within this state, or when the debtor's location was changed to this state.  (b) which is proceeds of the original collateral described above in which 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 content of the conten	e, make, kind and description now or substitution replacement or uding but not limited to the follow- hine, displays, signs, fencing, laneous items used in the business of rden Store, 280 N Burlington Blvd, erfecta 6. Complete fully if box (d) is checked Burlington complete as applicable for (a), (b), and (c); as brought ate, or ha Office where recorded  Former name of debtor(s)
Dated August 13, 2002 ,20	
MAXWELLS UNCOMMON GARDEN STORE  TYPE NAME(S) OF DEBTOR(S) (or assignor(s))  SIGNATURE(S) OF DEBTOR(S) (or assignor(s))  Mignone Maxwell	Skagit State Bank  TYPE NAME(S) OF SECURED PARTY(IES) (or easignee(s))  SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))  FORM APPROVED FOR USE IN THE STATE OF WASHINGTON