

WHEN RECORDED RETURN TO:

Skagit State Bank

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

200211210016
Skagit County Auditor
11/21/2002 Page 1 of 1 10:08AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es))

CASCADE PIZZA III, LLC TIN: 91-1648482
1825 RIVERSIDE DR
MOUNT VERNON, WA 98273

2. Grantee(s)/Assignee/Beneficiary:

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

3. Assignee(s) of Secured Party(ies):

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number:

Short Legal Description: PTN SE NE, SEC 18 T34N R48W

Additional on page _____

Assessor's Tax Parcel ID#: 340418-1-017-0201-, 340418-1-017-0104, 340418-0-103-0002

Legal Description:

Additional on page _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All Inventory, Equipment, General Intangibles, Furniture and Fixtures used in the operation of Cascade Pizza III, LLC, 1825 Riverside Drive, Mount Vernon, Washington; 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

(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 11-19, 2002

NIKOLAOS TSOULOUHAS

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