

WHEN RECORDED RETURN TO:
Skagit State Bank
901 S Cleveland St, P O Box 339
Mount Vernon, WA 98273



200304020141
Skagit County Auditor

4/2/2003 Page 1 of 1 3:49PM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) ACE PROPERTIES MANAGEMENT, LLC TIN: 91-2002999 GODDARD, DIANNE EDMONDS TIN: P O BOX 1013 MOUNT VERNON, WA 98273-1013	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: 105825 Additional on page _____
Short Legal Description: A Ptn of Lots 7 & 8, Blk C, M.V. Gates 1st & 2nd Add.

Assessor's Tax Parcel ID#: 3700-029-008-0008 Additional on page _____
Legal Description:

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All Accounts, Machinery, Equipment, Furniture, Fixtures, and General Intangibles; 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 other accounts proceeds) used in the operation of Dianne Edmonds Goddard, Attorney, located at 309 Pine Street, Mount Vernon, in a Ptn of Lots 7 & 8, Blk C, M.V. Gates 1st & 2nd Add, in the County of Skagit, State of Washington.

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 3-28- 2003

Dianne Edmonds Goddard
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))
Dianne Goddard
SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

Skagit State Bank
TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))
Gen. J. Sabo
SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

COPY 1 - COUNTY AUDITOR

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON