## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (fr A. NAME & PHONE OF CONT		
KONI DAVIS		(360) 704-7730
B. SEND ACKNOWLEDGMEN USDA RÜRAL D 1835 BLACK LA		
OLYMPIA	WA	98512

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Skagit County Auditor

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CHICAGO TITLE CO.

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only gas debtor name (1a or 1b) - do not abbreviate or combine names  [1a. ORGANIZATION'S NAME  MERCY PROPERTIES WASHINGTON III, LLC  [1b. INDIVIDUAL'S LAST NAME  [1c. MAILING ADDRESS  601 E 18TH AVE #150  [1d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR Ltd Liability Company WASHINGTON STATE  [2a. ORGANIZATION'S NAME  [2b. INDIVIDUAL'S LAST NAME  [1c. MAILING ADDRESS  601 E 18TH AVE #150  [1c. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION		LOCIMEIA		3 147 90312		C 22-993		R FILING OFFICE USE O	NLY
18. ORGANIZATION'S NAME  MERCY PROPERTIES WASHINGTON III, LLC  OR  16. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFICE  CO  80203  US  10. TAX ID #: SSN OR EIN DEBTOR:  ADDIL INFO RE ORGANIZATION DEBTOR:  Ltd Liability Company  Ltd Liability Company  WASHINGTON STATE  28. ORGANIZATION'S NAME  OR  20. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFICE  CO  80203  US  CO  80203  US  STATE  POSTAL CODE  COUN  WASHINGTON STATE  INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFICE  COUN  STATE  POSTAL CODE  COUN  20. INDIVIDUAL'S LAST NAME  TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only ong secured party name (3e or 3b)  38. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	1. DE	EBTOR'S EXACT FU	LL LEGAL NAM	E - Insert only one debtor name (1a or	1b) - do not abbreviate or co				
OR To. INDIVIDUAL'S LAST NAME    FIRST NAME   MIDDLE NAME   SUFFIL   STATE   POSTAL CODE   COUN						***************************************	7110	····	***************************************
1c. MAILING ADDRESS 601 E 18TH AVE #150 DENVER CO 80203 US 1d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 77-0601463 ORGANIZATION Ltd Liability Company Ltd Liability Company WASHINGTON STATE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  POSTAL CODE 15. TYPE OF ORGANIZATION Ltd Liability Company WASHINGTON STATE  III  III  III  III  III  III  III				NGTON III, LLC					
DENVER  CO 80203  US  1d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  77-0601463  ADDILINFO RE ORGANIZATION DEBTOR  Ltd Liability Company  Ltd Liability Company  WASHINGTON STATE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFICIENT  STATE  POSTAL CODE  COUN  COUNTY  STATE  COUNTY  STATE  COUNTY  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  STATE  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  STATE  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  STATE  POSTAL CODE  COUNTY  STATE  STATE  POSTAL CODE  COUNTY  STATE  STATE  POSTAL CODE  COUNTY  STATE  STATE  STATE  STATE  ST	DŘ 11	b. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE	IAME	SUFFIX
1d. TAX ID #: SSN OR EIN ORGANIZATION   1e. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any WASHINGTON STATE    2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUFFICIAL SUBJECTION   STATE   POSTAL CODE   COUN    2b. INDIVIDUAL'S LAST NAME   ADDITION   STATE   POSTAL CODE   COUN    2d. TAX ID #: SSN OR EIN   ADDITINFO RE   ORGANIZATION   ORGANIZATION   DEBTOR   ORGANIZATION   ORGANIZATION   DEBTOR   ORGANIZATION   OR	c. MA	VILING ADDRESS			απ		STATE	POSTAL CODE	COUNTRY
77-0601463  ORGANIZATION DEBTOR  Ltd Liability Company WASHINGTON STATE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATIONS NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFICE  COUN  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  WASHINGTON STATE  ORGANIZATIONS NAME  CITY  STATE POSTAL CODE  COUN  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	ε	601 E 18TH AVE #1	150		DENVER		CO	80203	USA
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2b) - do not abbreviate or combine names  2s. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFICE  COUN  2c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUN  2d. TAX ID #: SSN OR EIN  ORGANIZATION  DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	ld. TA	X ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORG	ANIZATION	1g. ORGA	NIZATIONAL ID #, if any	
28. ORGANIZATION'S NAME  26. INDIVIDUAL'S LAST NAME  27. MAILING ADDRESS  28. TATE POSTAL CODE  29. ORGANIZATION  20. TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  38. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	7	77-0601463		Ltd Liability Company	WASHINGTON	STATE			NONE
OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFICE  2c. MAILING ADDRESS CITY STATE POSTAL CODE COUN  2d. TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	2. AD	DITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one del	otor name (2a or 2b) - do not	abbreviate or combine nar	nes		
2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUN  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	2:	a. ORGANIZATION'S NAI	ME	<u> </u>					
2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUN  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	م. ا				`. `\				
2d. TAX ID #: SSN OR EIN   ADDL INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any ORGANIZATION   2g. ORGANIZATION   2g. ORGANIZATIONAL ID #, if any	21	b. INDÍVÍÐUAL'S LAST N	AME		FIRST NAME	\ <u></u>	MIDDLE	IAME	SUFFIX
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	2c. MA	AILING ADDRESS			ату		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME  UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	2d. TA	X ID #: SSN OR EIN		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORG	ANIZATION	2g. ORGA	NIZATIONAL ID#, if any	
38. ORGANIZATION'S NAME UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE				<u> </u>	1	<u> </u>			NONE
UNITED STATES OF AMERICA ACTING THROUGH UNITED STATES DEPT. OF AGRICULTURE, RURAL HOUSING SERVICE	3. SE	CURED PARTY'S	NAME (or NAME of	OF TOTAL ASSIGNEE of ASSIGNOR S	i/P) - insert only one secured	party name (3a or 3b)			
	3				1	. <i>77</i>			
35. INDIVIDUAL'S LAST NAME FIRST NAME SUFFI.				ACTING THROUGH UNITE		FAGRICULTURE, P	RAL	HOUSING SERVICE	
	3	b. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE	NAME	SUFFIX
* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3c. MA	AILING ADDRESS					STATE	POSTAL CODE	COUNTRY
1835 BLACK LAKE BLVD., SW SUITE B OLYMPIA WA 98512 USA	1	1835 BLACK LAKE	BLVD., SW SI	JITE B	OLYMPIA		WA	98512	USA

4. This FINANCING STATEMENT covers the following collateral:

All contract rights, accounts, rental income, equipment, fixtures, improvements and personal property now or later attached to Borrower's real property or reasonably necessary to the use thereof, including, but not limited to, ranges, refrigerators, clothes washers, clothes dryers, or carpeting purchased or financed in whole or in part with loan funds, well water, water rights and water stock pertaining thereto, and all payments at any time owing to Borrower by virtue of any sale, lease, transfer, conveyance or condemnation of any part of said real property or any interest therein located on said property identified as:

Tax Parcel No. 4361-000-051-0003

Lots 35, 36,37, 38, 39, 40, 49, 50 and 51, Plat of Sandalwood, according to the plat thereof, recorded in Volume 11 of Plats, Page 78, records of Skagit County, Washington.

Situated in Skagit County, Washington.

5. ALTERNATIVE DESIGNATION [if applicable]: LES	SEE/LESSOR CONSIGNER	E/CONSIGNOR BAILEE/E	SELLER/BUYER	AG. LIEN	NON-UCCFILING
6. This FINANCING STATEMENT is to be filed for rec ESTATE RECORDS. Attach Addendum	cord] (or recorded) in the REAL (if applicable)	7, Check to REQUEST SEARI [ADDITIONAL FEE]	CH REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					100
Skagit Village					No. of

NAME OF FIRST DEBTOR (1a or 1b) ON	AREFULLY RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME	<u></u>					
MERCY PROPERTIES WASH	FIRST NAME	MIDDLE NAME, SUFFIX				
AD. INDIVIDUAL S CAST NAME	FIRST NAME	MIDDER HAMIE, SOFTIA				
). MISCELLANEOUS:	*					
			THE ABOV	E SPACE	IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME - insert only one na	me (11a or 11b) - do not abbrev	iate or combine nam	nes		
11a, ORGANIZATION'S NAME		N.				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		ату		STATE	POSTAL CODE	COUNTRY
Id. TAX ID #: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	11f, JURISDICTION OF ORGA	NIZATION	11g. OR	GANIZATIONAL ID #, if a	ny NON
ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME						
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
			A STATE OF THE STA			
2c. MAILING ADDRESS		СПҮ		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timbe collateral, or is filed as a fixture filing.     Description of real estate:	er to be cut or as-extracted	recorded in	AT OF SANDAL	Plats, pag	according to the plate 78, records of Si	
		Situate in S		หลราแกษแ		
5. Name and address of a DECORD OWNER - 4 - 1-	ava described real entate	Situate in S		east migu		
<ol> <li>Name and address of a RECORD OWNER of ab (if Debtor does not have a record interest);</li> </ol>		Situate in S  17. Check only if applicable ar	nd check <u>only</u> one bo	×.		Decedent's Esta

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