

WHEN RECORDED RETURN TO:

Skagit State Bank
1620 Continental Place
P. O. Box 1040
Mount Vernon, WA 98274



200311100183
Skagit County Auditor

11/10/2003 Page

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1 12:50PM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)). CASCADE CHRISTIAN CENTER OF SKAGIT VALLEY TIN: 91-1730986 2121 E COLLEGE WAY STE E MOUNT VERNON, WA 98273	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 1620 Continental Place P. O. Box 1040 Mount Vernon, WA 98274	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: **109364** Additional on page _____
Short Legal Description: **Tr "B" MV SP 2-89 in 9-34-4 E W.M.** Additional on page _____

Assessor's Tax Parcel ID#: **340409-3-024-0201**
Legal Description: **Tract "B" City of Mount Vernon Short Plat No. MV-2-89, approved September 13, 1989, recorded September 15, 1989, in Book 8 of Short Plats, pages 157 and 158, under Auditor's File No 8909150001 and being a portion of the Southeast 1/4 of the Southeast 1/4 of the Southwest 1/4 of Section 9, Township 34 North, Range 4 East, W.M.**

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

All Inventory, Accounts, Equipment, Furniture, Fixtures and General Intangibles; used in the operation of Cascade Christian Center of Skagit Valley, 2121 E. College Way, & xxx Martin Rd, Mount Vernon, WA 98273 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).

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_____

GUY L VALLEE, AGENT

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

Guy L Vallee

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