

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 1 of 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. <input type="checkbox"/> The debtor is the record owner.	6. Complete fully if box (d) is checked: complete as applicable for (a), (b), and (c):
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)	Original recording number _____
(a) <input type="checkbox"/> 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	Office where recorded _____
(b) <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected, or	Former name of debtor(s) _____
(c) <input type="checkbox"/> as to which the recording has lapsed, or	
(d) <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the debtor(s).	

Dated _____, 20____.

GUY L VALLEE, AGENT

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