UCC FINANCING STATEMENT

BOW



A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENTTO: (Name and Address)

LAURA MINTON BRECKENRIDGE

PADILLA BAY, LLC

P.O. BOX 178

12/2/2003 Page 1 of 2 3:32PM

110010PE-LANGTHEEDINGS OF STATE LINES

	THE A				BOVE SPACE IS FOR FILING OFFICE USE ONLY			
1. DEBTOR'S EXACT FL	JLL LEGAL NAMI	E - insert only <u>one</u> debtor name (1a o	1b) - do not abbrev	iate or combine names		" '		
1a. ORGANIZATION'S NA CORPORATE AI	R CENTER, LL	c PH 11	9714				,	
OR 16. INDIVIDUAL'S LAST N	AME		FIRST NAME	. *************************************	MIDDLE	NAME	SUFFIX	
1c. MAILING ADDRESS	· •	and the second	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY	
15305 CROSSWIN	D DRIVE, UNIT	Г511	BURLING	TON	WA	98233	USA	
1d. TAX ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION	1f. JURISDICTION	OFORGANIZATION	1g. ORGA	ANIZATIONAL ID #, if any		
91-1903088	ORGANIZATION DEBTOR	Ltd Liability Company	WASHIN	GTON	60	1 927 778	NONE	
2. ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one de	ptor name (2a or 2b) - do not abbreviate or combin	ie names			
28. ORGANIZATION'S NA								
OR 26, INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE	NAME	SUFFIX	
2c. MAILING ADDRESS			СПҮ		STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	29. TYPE OF ORGANIZATION	2f. JURISDICTION	OF ORGANIZATION	2g. ORGA	ANIZATIONAL ID#, if any	NONE	
3. SECURED PARTY'S	NAME (or NAME o	f TOTAL ASSIGNEE of ASSIGNOR S	(P) - insert only one	secured party name (3a or 3h	3)	***		
3a. ORGANIZATION'S NA			,, <u></u>		· · · · · · · · · · · · · · · · · · ·			
PADILLA BAY, LL				- Norman Statement	r.,,			
OR 35. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
3c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
P.O. BOX 178			BOW		WA	98232	USA	
4. This FINANCING STATEMER	NT covers the follow	ing collateral:						

98232

- 1. All property which is attached to the premises so as to constitute a fixture under applicable law, including without limitation all machinery, apparatus, goods, tools, equipment, materials, fittings, systems, fixtures, chattels and all appurtenances and additions thereto and any improvements, betterments, renewals, replacements, and substitutions owned by Corporate Air Center, LLC's business or the premises located at 15305 Crosswind Drive, Unit 511, Burlington, WA ("Premises"). The Premises are located on the real property legally described below. Collateral shall extend to all fixtures located now or at any time in the future in the Premises or used in connection with Corporate Air Center, LLC's business.
- 2. All interests, claims or demands, in law and in equity, Corporate Air Center, LLC has now or may hereafter acquire in the property described herein.
- 3. All of the interest, right, title, other claim or demand, both in law and equity, including claims or demands with respect to the proceeds of insurance, that Corporate Air Center, LLC now has or may hereafter acquire in the property described herein.
- 4. All proceeds and products of the property described herein. The Property is located in the County of Skagit, State of Washington, and is legally described as follows:

A leasehold interest in the following described property:

Unit 511, SKAGIT AIRPORT HANGAR CONDOMINIUM, PHASE 2, according to the Survey Map and Set of Plans recorded October 25, 2002, under Auditor's File No. 200210250126, and as described in Declaration of Condominium recorded September 30, 2002, under Auditor's File No. 200209300320 and First Amendment thereto recorded October 25, 2002, under Auditor's File No. 200210250127

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR CON	NSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum		REAL 7, Check to REQUE plicable ADDITIONAL FE	ST SEARCH REPOR El	I(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

	RELATED FINANCING	STATEMENT					
9a. ORGANIZATION'S NAME CORPORATE AIR CENTER. LI	_C		l				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME, SUFFIX				
MISCELLANEOUS:				THE ABOVE S	SPACE	IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only	one name (11a or 1	b) - do not abbreviat	e or combine names			
I Id. UNGANIZATIONS NAME	and the second	and the second state					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME			JIDOLE	NAME	SUFFIX
MAILING ADDRESS	- 	спу		,	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 11e ORGANIZATION DEBTOR	TYPE OF ORGANIZATIO	N (11f. JURISDI	CTION OF ORGANIZ	ATION 1	1g. ORG	SANIZATIONAL ID #, if a	iny
ADDITIONAL SECURED PARTY'S	or ASSIGNOR S	/P'S NAME - ins	ert only <u>one</u> name (1:	2a or 12b)			
(22. ORGANIZATION O MAINE		ge me garant					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		range	VIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY		The state of the s	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing. Description of real estate: Unit 511, SKAGIT AIRPORT HANGAR CONDOMINIUM, PHASE 2, according to the Survey Map and Set of Plans recorded October 25, 2002, under Auditor's File No. 200210250126, and as described in Declaration of Condominium recorded September 30, 2002, under Auditor's File No. 200209300320 and First Amendment thereto recorded October 25, 2002, under Auditor's File No. 200210250127. County of Skagit, Washington			al collateral descripti	200	3 7 2		
			12/	Skagit 2/2003 Page	Cou	nty Auditor	3:32PM
Name and address of a RECORD OWNER of abov (if Debtor does not have a record interest):	e-described real estate		 .		t e jan j		-,92FW
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