

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 508389 IAMEMBAL	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	6033167 WAWA FIXTURE
File with: Skagit, WA	

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME Kiser		FIRST NAME Sandra	MIDDLE NAME L.	SUFFIX
1c. MAILING ADDRESS 15272 Flightline Road		CITY Burlington	STATE WA	POSTAL CODE 98233
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
				1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names				
2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
2d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)				
3a. ORGANIZATION'S NAME Santa Barbara Bank & Trust				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1 South Los Cameros		CITY Goleta	STATE CA	POSTAL CODE 93117
				COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All items (the "Goods") described below, together with all parts, accessories, attachments, substitutions, repairs, improvements and replacements and any and all proceeds thereof, including without limitation, insurance proceeds. The Goods are located at 15272 Flightline Road, Burlington, WA 98233 (the "Real Property"). This record owner of the Real Property is Skagit County. (1) CPE self contained aviation fueling package consisting of: 12,000 gallon fire protected storage tank, dispensing system with reel, pump and accessories, equipment platform, tank dressing package w/gauge piping, and accessories. Card activated fuel control system This Financing Statement covers fixtures and is a fixture filing. It is to be recorded in the real estate records and cross-indexed with the UCC records and is intended to cover Goods which are or are to become fixtures to the Real Property. The execution and filing of this Financing Statement shall not constitute an admission or implication that the Goods are or are to become fixtures, nor shall it be deemed to change the nature of the transaction which is the subject hereof to anything other than a true lease. The execution and filing of this Financing Statements are intended to provide notice and to protect the parties in the event of a determination that the Goods are fixtures or are part of the Real Estate.

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Ptn Am-Skagit Regional Airport B&P

5. ALTERNATIVE DESIGNATION [if applicable] <input checked="" type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING				
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA 6033167				

FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME Kiser	FIRST NAME Sandra	MIDDLE NAME, SUFFIX L.

10. MISCELLANEOUS

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☒ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME ACC Capital Corporation				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS 420 E. South Temple; Suite 240		CITY Salt Lake City	STATE UT	POSTAL CODE COUNTRY 84111

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

16. Additional collateral description:

14. Description of real estate:

Description: See attached Legal Land Description

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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17. Check <u>only</u> if applicable and check <u>only</u> one box.	
Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust or <input type="checkbox"/> Decedent's Estate	
18. Check <u>only</u> if applicable and check <u>only</u> one box.	
<input type="checkbox"/> Debtor is a TRANSMITTING UTILITY	
<input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction -- effective 30 years	
<input type="checkbox"/> Filed in connection with a Public-Finance Transaction -- effective 30 years	

