



200408100007

Skagit County Auditor

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Return Address:

Frontier Bank  
Real Estate Commercial Mortgage Division  
332 SW Everett Mall Way  
Everett, WA 98204

Document Title

UCC2 -- Financing Statement

Grantor(s)

HFP Investments I, LLC

Grantee(s)

Frontier Bank

Legal Description

Lots 1-15, 17-30, Block 115, Town of Sedro

Assessor's Property Tax Parcel/Account Number

4152-115-015-0007; 4152-115-010-0002; 4152-115-030-0008

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER</b> [optional]
<b>B. SEND ACKNOWLEDGMENT TO:</b> (Name and Address)
<b>Frontier Bank Real Estate Commercial Mortgage Division 332 SW Everett Mall Way Everett, WA 98204</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <b>HFP Investments I, LLC</b>				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>4120 187th Ave S.E.</b>		CITY <b>Issaquah</b>	STATE <b>WA</b>	POSTAL CODE <b>98027</b>
1d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Limited Liability Co.</b>	1f. JURISDICTION OF ORGANIZATION <b>WA</b>	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

**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	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. <b>SEE INSTRUCTIONS</b>	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 one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Frontier Bank</b>				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>332 SW Everett Mall Way</b>		CITY <b>Everett</b>	STATE <b>WA</b>	POSTAL CODE <b>98204</b>
				COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

**All Fixtures; 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 accounts proceeds); together with the following specifically described property: All furniture, fixtures and equipment related to the operation of a 40 unit, 60 bed alzheimer facility, including commercial kitchen equipment and auxiliary generator.**



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5. ALTERNATIVE DESIGNATION (if applicable):	<input 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	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA <b>3169465006</b>						

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME  
**HFP Investments I, LLC**

OR

9b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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. SEE INSTRUCTIONS      ADD'L INFO RE ORGANIZATION DEBTOR      11e. TYPE OF ORGANIZATION      11f. JURISDICTION OF ORGANIZATION      11g. ORGANIZATIONAL ID #, if any  NONE

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

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

12c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY

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

14. Description of real estate:

**Lots 1 through 15 and 17 through 30, Block 115, Plat of the Town of Sedro, according to the plat thereof recorded in Volume 1 of Plats, page 18, records of Skagit County, Washington. Together with that portion of vacated Woods Avenue, Graves Street, also known as Farihaven Street, and the alley located in said block vacated under the City of Sedro-Woolley Ordinance No. 1253-96, dated February 12, 1996, which attach to said premises by operation of law. All situated in Skagit County, Washington.**

Tax ID #4152-115-015-0007; 4152-115-010-0002; 4152-115-030-0008

Abbreviated Legal: Lots 1-15, 17-30, Block 115, Town of Sedro

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

**HFP Investments I, LLC  
 4120 187th Ave S.E.  
 Issaquah, WA 98027**

16. Additional collateral description:

  
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17. Check only if applicable and check only one box.  
 Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction - effective 30 years  
 Filed in connection with a Public-Finance Transaction - effective 30 years