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UCC FINANCING STATEMENT

200408160040 **Skagit County Auditor** FOLLOW INSTRUCTIONS (front and back) CAREFULLY 8/16/2004 Page 1 of 2 9:13AM

A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) PEOPLES BANK 1801 RIVERSIDE DRIVE MOUNT VERNON, WA 98273

	THE ABOVE	SPACE IS FOR FILING OFFICE USE	E 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			_ .		
GOLDEN GLEN CREAMERY, INC.					
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
15098 FIELD ROAD	BOW	WA 98232	USA		
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	16 JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any			
ORGANIZATION Corporation	(WA	602 367 389	NONE		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or com	bine names			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS	CITY CONTRACTOR OF THE CONTRAC	STATE POSTAL CODE	COUNTRY		
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any			
ORGANIZATION DEBTOR			NONE		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3a or	3b)			
3a. ORGANIZATION'S NAME PEOPLES BANK		errang.			
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
1801 RIVERSIDE DRIVE	MOUNT VERNON	WA 98273	U\$A		

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).

NO NO 15-35-3

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5.	ALTERNATIVE	E DESIGNAT	ION [if applicable]:	LES	SEE/LESSOR		CONSIGNE	E/CONSIGNOR	 BAILEE/BAILOR	SELLER/BUYER	AG. LIEN		NON-UC	C FILING
6.	This FINAL	NCING STAT LECORDS.	EMENT is to be fil- Attach Addendur	ed [for red	cord] (or recorded	in th lif	ne REAL applicable	7. Check to RE (ADDITIONAL)	ST SEARCH REPOR E)) on Debtor(s) ional]	II Debtors	De	btor 1	Debtor 2
	OPTIONAL FIL		NCE DATA	50050						 				

GOLDEN GLEN CREAMERY, INC. 5025927

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UCC FINANCING STATEMENT A			ŀ			
FOLLOW INSTRUCTIONS (front and back) CAREF			4			
9. NAME OF FIRST DEBTOR (1a or 1b) ON REL. 9a. ORGANIZATION'S NAME	ATED FINANCING STAT	EMENT				
GOLDEN GLEN CREAMERY, INC.						
OR	ST NAME	MIDDLE NAME, SUFFIX	1			
10. MISCELLANEOUS:	·					
			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGA	L NAME - insert only one n	arne (11a or 11b) - do not abbre	viate or combine nam	165		
11a. ORGANIZATION'S NAME	The state of the s					<u> </u>
OR		<u> </u>				
11b. INDIVIDUAL'S LAST NAME	And the second s	FIRST NAME		MIDDLE	NAME	SUFFIX
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11c. MAILING ADDRESS	3//			STATE	POSTAL CODE	COUNTR
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DEBTOR 12. ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME	ASSIGNOR S/P'S	NAME - insert only one name	a (12a or 12b)	MIDDLE	NAME	
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