

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

200602030060  
Skagit County Auditor

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|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Diligenz, Inc. 1-800-858-5294                                                                           |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br>17100409<br>Prepared By:<br>Diligenz, Inc.<br>6500 Harbour Heights Pkwy, Suite 400<br>Mukilteo, WA 98275 |  |
| Filed In: Washington Skagit                                                                                                                               |  |

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                                                                                                    |  |                                        |  |                                                                             |                           |
| OR                                                                                                                         |  |                                        |  |                                                                             |                           |
| 1b. INDIVIDUAL'S LAST NAME<br>BAKER                                                                                        |  | FIRST NAME<br>MARGARET                 |  | MIDDLE NAME<br>SUFFIX                                                       |                           |
| 1c. MAILING ADDRESS<br>PO BOX 296                                                                                          |  | CITY<br>CONCRETE                       |  | STATE<br>WA                                                                 | POSTAL CODE<br>98237-0296 |
| 1d. TAX ID #, SSN OR EIN                                                                                                   |  | 1e. TYPE OF ORGANIZATION<br>Company    |  | 1f. JURISDICTION OF ORGANIZATION<br>WA                                      |                           |
| ADD'L INFO RE ORGANIZATION DEBTOR                                                                                          |  |                                        |  | 1g. ORGANIZATIONAL ID #, if any<br><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<br>BAKER                                                                                        |  | FIRST NAME<br>TAMI                     |  | MIDDLE NAME<br>SUFFIX                                                       |                           |
| 2c. MAILING ADDRESS<br>PO BOX 296                                                                                          |  | CITY<br>CONCRETE                       |  | STATE<br>WA                                                                 | POSTAL CODE<br>98237-0296 |
| 2d. TAX ID #, SSN OR EIN                                                                                                   |  | 2e. TYPE OF ORGANIZATION<br>Individual |  | 2f. JURISDICTION OF ORGANIZATION<br>WA                                      |                           |
| ADD'L INFO RE ORGANIZATION DEBTOR                                                                                          |  |                                        |  | 2g. ORGANIZATIONAL ID #, if any<br><input checked="" 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<br>SUMMIT BANK                                                                                     |  |                                        |  |                                                                             |                           |
| OR                                                                                                                         |  |                                        |  |                                                                             |                           |
| 3b. INDIVIDUAL'S LAST NAME                                                                                                 |  | FIRST NAME                             |  | MIDDLE NAME<br>SUFFIX                                                       |                           |
| 3c. MAILING ADDRESS<br>PO BOX 2120                                                                                         |  | CITY<br>MOUNT VERNON                   |  | STATE<br>WA                                                                 | POSTAL CODE<br>98273      |
|                                                                                                                            |  |                                        |  | COUNTRY<br>USA                                                              |                           |

4. This FINANCING STATEMENT covers the following collateral:

All furniture, fixtures of every kind whether the foregoing is owned now or acquired later located at 7362 Thompson Avenue, Concrete, Wasington. 98237

P70533 Lots 22-23 BL 4 Baker

|                                                                                                                                                                       |  |                                                                             |                     |               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                           |  | LESSEE/LESSOR                                                               | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | 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 FEE) (optional) |                     | All Debtors   |              | Debtor 1 | Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA<br>Cascade Styling                                                                                                                   |  |                                                                             |                     |               |              |          |                |

17100409